



Authorization Agreement for Direct Payments (ACH Debits)

Company Name: City of Little River

Phone Number: 620-897-6260 Fax Number: 620-897-6207

I (we) hereby authorize **City of Little River**, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY. I (we) acknowledge that the origin of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Name on the Account: _____

Type of Account: Individual Business Not for Profit Organization Corporation

Amount of Transfer: Monthly Billing Frequency: Monthly

on the 17th day of the month. (Please allow 2 days to set up the initial transfer.)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature(s): _____ Date: _____

Accepted by: _____ Date: _____