



112 W 2<sup>nd</sup> Street, P.O. Box 330, Phoenix, OR 97535  
(541) 535-1955 Fax: (541) 535-5769

### ACH Authorization Agreement – Direct Payment

I (we) hereby authorize the City of Phoenix, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I would like my account debited on/or about the  10<sup>th</sup> or the  18th of the month.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

The authority 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.

Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Utility #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_