

# Authorization Agreement for Direct Payments (ACH Debits)

**Date:** \_\_\_\_\_

Company Name: **City of Norway**      Tax ID: **42-6005051**

I (We) hereby authorize, the **City of Norway**, hereinafter called **Company**, to initiate debit entries to my (ours)      (Select ONLY One):    Checking Account \_\_\_\_      Savings Account \_\_\_\_

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.

**Depository (Bank Name):** \_\_\_\_\_

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

**Bank Routing #:** \_\_\_\_\_      **Account #:** \_\_\_\_\_

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.

**Name(s) of Resident:** \_\_\_\_\_

**Address or PO Box:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Email:** \_\_\_\_\_

**City:** Norway      **State:** IA      **Zip:** 52318

\_\_\_\_\_  
**Signature of Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City Clerk's Signature**

\_\_\_\_\_  
**Date**

**NOTE:** All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. The originating company is required to retain this authorization for two years after authorization has been revoked.

**For Office Use ONLY**

Date Received: \_\_\_\_\_

Beginning Date: \_\_\_\_\_