

DEBIT AUTHORIZATION

I(WE) HEREBY AUTHORIZE CITY OF WINFIELD, HEREINAFTER CALLED COMPANY, TO INITIATE DEBIT ENTRIES TO MY (OUR) ACCOUNT INDICATED BELOW AND THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED FINANCIAL INSTITUTION, TO DEBIT THE SAME TO SUCH ACCOUNT FOR MONTHLY GARBAGE SERVICE. THE AMOUNT WILL BE DETERMINED BY RATES AS SET BY CITY COUNCIL OF WINFIELD. I (WE) AUTHORIZE THE DEBITING OF MY (OUR) ACCOUNT ON OR AFTER THE 10<sup>TH</sup> DAY OF EACH MONTH. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF US LAW.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

LOCATION OF FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_

**A VOIDED CHECK IS REQUIRED BEFORE DEBIT AUTHORIZATION CAN BE ACTIVATED.**


THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL COMPANY HAS RECEIVED NOTIFICATION FROM ME(WE) OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD COMPANY AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

GARBAGE ACCOUNT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

<b>YOUR NAME</b> 123 YOUR STREET YOUR CITY, STATE, ZIP (123)456-7890		9-5678/1234	0301
PAY TO THE ORDER OF _____		DATE _____	\$ _____
YOUR FINANCIAL INSTITUTION ANYTOWN, USA		DOLLARS  <small>Security Features Printed Check on Back</small>	
MEMO _____		MP	
Routing Number		Checking Account Number	
⑆ 23456780 ⑆		0301 (123456789)	