



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT  
(ACH DEBITS)**

I hereby authorize The City of Alma, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution name below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

ACCOUNT INFORMATION:

_____	
(Financial Institution Name)	(Branch)
_____	
(Address)	(City/State) (Zip)
_____	
(Routing Number)	(Account Number)
Type of Account: _____ Checking _____ Savings	

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

\_\_\_\_\_

(Print Individual Name or Names on Account)

\_\_\_\_\_

(Print Individual Account Number with the City of Alma)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

\*\* If your financial institution is First State Bank of Alma, direct payments will take effect on your next bill. \*\*

\*\* If your financial institution is another bank, your next bill will need to be paid by another method. Direct payments will take effect on the second bill from when this form is submitted. \*\*