



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name City of Pevely Company ID # 43-0829377

City of Pevely

I hereby authorize _____, on the 10th of each month or before should the 10th fall on a weekend or holiday, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until City of Pevely has received written notification from me of its termination in such time and in such manner as to afford City of Pevely and DEPOSITORY a reasonable opportunity to act on it. **I am aware that should a check be returned unpaid to the City of Pevely there will be a \$25.00 fee applied to my next bill.**

Name(s) _____ Phone # _____
(Please Print)

Date _____ Signature _____

ATTACH A COPY OF VOIDED CHECK HERE.

All information will remain confidential and sealed.

Please mail or drop off completed form to :

City of Pevely
401 Main St. PO Box 358
Pevely, MO 63070
Attn: Utility Billing Clerk

We require an original signed form on file in order to process payments.

City of Pevely Acct#: _____