

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

I (we) hereby authorize City of Villisca Municipal Water/Sewer Utilities, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution name below, hereafter 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
Name _____ Branch _____

City _____ State _____

Routing
Number _____ Bank Account
Number _____

(check one)

Checking

Savings

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) _____ Account Number
With Company _____

Signature _____ Date _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.