



Direct Payment Authorization Agreement

**City of Akeley Utility ACH
Authorization Form**

I (we) hereby authorize City of Akeley, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we), also authorize COMPANY to initiate credit entries to my (our) account indicated below and the DEPOSITORY to reverse any debits made to such account in error. This authority 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.

Date	Name (Print)	Utility Account #
Bank Account #	Financial Institution (Bank) Name	Financial Institution (Bank) Routing #

Signature

X _____

CHECK ONE:

I am not currently participating in the Direct Payment Program
 ADD – Automatic Withdrawal for utility payments.*

I am currently participating in the Direct Payment Program
 CHANGE - Change financial institutions and/or account number.*
 CANCEL - Stop my participation in the program

Due to the time required for COMPANY and bank processing, allow one month for processing.

****IMPORTANT**** CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

TAPE YOUR VOIDED CHECK HERE

Mail completed form with a voided check to City of Akeley P.O. Box 67 Akeley, MN 56433 or drop it off at City Hall 25 Broadway Street East. Question call 218-652-2465 Monday – Thursday 8-4:30 Friday’s 8-12