Consumer Authorization for Direct Payment via ACH
For the City of Grand Meadow

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: ☐ Begin Payment ☐ Change Information

I (we) authorize _____ ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____

Routing number: _____ **Account number:** _____

Name(s) on the account: _____

Debit transaction frequency:

☐ **Single Entry** (one-time payment)
☐ **Multiple Entries** (multiple entries that may not occur at substantially regular intervals)
How will subsequent Entries be allowed?
☐ Telephone
☐ Internet
☐ Other: _____

☐ **Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: _____

Authorized debit amount (or method for determining amount): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY insert manner of revocation, i.e., in writing, by phone, location, address, etc. that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least X days/weeks prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____ _____