

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)
FOR THE CITY OF VIRDEN - VIRDEN WATER DEPARTMENT**

I (we) hereby authorize the City of Virden - Virden Water Department, hereinafter called the Virden Water Department, to initiate debit entries to my (our):

CHECKING ACCOUNT

SAVINGS ACCOUNT

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US Law.

Depository: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing Number: _____

Account Number: _____

YOUR ACCOUNT WILL BE DEBITED ON THE 16TH OF EVERY MONTH.

This authorization is to remain in full force and effect until the Virden Water Department has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Virden Water Department and said Depository a reasonable opportunity to act on it.

Name(s): _____

Signed: _____ Date: _____

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Input into LOCIS

Input into ACH

Recorded on Application