CITY OF SPRINGVILLE

AUTHORIZATION AGREEMENT
FOR DIRECT (ACH DEBITS) PAYMENTS

I (We) hereby authorize the City of Springville to initiate debit entries to my (our) account, indicated below, at the financial institution, listed below.

Financial Institution:	Branch:	
City:	State:	Zip:
Transit Routing Number:	☐ Checking ☐ Savings	
Account Number:	Date Starting: 6th of the month or 14th of the month (please select one)	
	For purpose of: _____	

This authority is to remain in full force and effect until the City of Springville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Springville and the Financial Institution a reasonable opportunity to act on it.

Please include a voided check from your account with this form.

Names(s) – Please print:	Phone Number:
Address/City	State/Zip
Signed:	Date: