

**AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)
FOR WATER/SEWER BILLS**

Company Name: City of Albany

I (we) do hereby authorize the City of Albany, herein after call COMPANY, to initiate debit entries to my (our) [redacted] Checking Account / [redacted] Savings Account (Select One) indicated below at the depository financial institution named 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: [redacted] Branch: [redacted]

City: [redacted] State: [redacted]

Routing No.: [redacted] Account No.: [redacted]

This authorization is to remain in full force and effect until COMPANY has 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): [redacted] Acct. No. [redacted]
(from water bill)

Date: [redacted] Signature: [redacted]

NOTE: All debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

If you have any questions when completing this form, please call Diane at 845-4244.

PLEASE RETURN COMPLETED FORM TO THE CITY OF ALBANY, P. O. BOX 370, ALBANY, MN, 56307, OR DROP IN PAYMENT BOX IN FRONT OF ADM. BUILDING. Thank You!