
ACH Authorization Form

DEBIT AUTHORIZATION FORM

I (we) hereby authorize THE CITY OF ALTON to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until THE CITY OF ALTON is notified by me (us) in writing to cancel it in such time as to afford THE CITY OF ALTON and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City State and Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Mailing Address – PLEASE PRINT)

(Premise/Account Number-City of Alton Account)

(Service Address)

THE DOLLAR AMOUNT SHOWING DUE ON THE CITY OF ALTON UTILITY BILL WILL BE DRAWN FROM THE ACCOUNT INDICATED BELOW ON THE DUE DATE OF EACH MONTH ACCORDING TO THE TERMS OF THE BILL.

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Please mark type of account: Checking _____ Savings _____

┆ • 123456789
┆ • Routing Number

┆ • 1234567890123 | | °
┆ • Account Number

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES.