

## City of Rockford

### **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

I (we) hereby authorize the City of Rockford hereinafter called COMPANY, to initiate debit entries to my (our)  Checking  Savings account (select one) indicated above, for the payment/transfer listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME ON ACCOUNT \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

In addition, I/we agree to maintain a sufficient balance in my/our account to cover the payment requested by the above authorization. If the balances in my/our account are insufficient to cover the payment authorized, the COMPANY may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations of the COMPANY governing checking/savings accounts.

The COMPANY or any of the undersigned may cancel this authorization upon written notice to the other in such time and in such manner as to afford a reasonable opportunity to act on it.

NAMES(S) \_\_\_\_\_ DATE. \_\_\_\_\_

SIGNED (x) \_\_\_\_\_ SIGNED (x) \_\_\_\_\_