



Revised 02/08/11

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **City of Wylie**

I (we) hereby authorize **City of Wylie**, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account/Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This will take effect when the bill has the words "Bank Draft – Do Not Pay." Until you see this on the bill, the bill still needs to be paid in the normal manner.

_____	Checking Savin	gs
Bank Name	Circle One	
_____	_____	_____
City	State	Zip
_____	_____	_____
Routing Number	Account No.	

This authorization is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

_____	_____
Name(s) – Please print	City of Wylie Account Number
_____	_____
Address	Phone Number
_____	_____
Signature	Date

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.