



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name on City of Walker Acct: _____

City of Walker ACCT #: _____

Service Address _____

I (we) hereby authorize the City of Walker hereinafter called CITY, to initiate debit entries to my (our) [] CHECKING [] SAVINGS account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

BANK NAME: _____

Routing # _____ Account # _____
(1st 9 numbers, usually between : :)

NAME ON BANK ACCT: _____
(Please Print)

I understand that my account will be drafted on or after the due date.

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

DATE: _____ SIGNED: _____

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

**CITY OF WALKER
P.O. BOX 217
WALKER, LA 70785**

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION