

City of Byron

Authorization for Direct Payment

Begin Deposit

Change Information

I (we) authorize **City of Byron** to electronically debit my (our) business account (and, if necessary, electronically credit my (our) business account to correct erroneous debits). I (we) agree to have available funds in my (our) business account on the designated date to effect this transfer.

Checking Account

Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Property Address: _____

Depository (Bank) Name: _____

Routing Number: _____ Account Number: _____

Amount of debit(s): Monthly Amount Due Proposed Effective Date of 1st debit(s): _____

If this date falls on a Saturday, Sunday or bank holiday, this transfer will automatically be made on the following business day.

I (we) understand that this authorization will remain in effect until I (we) notify **City of Byron** in writing at least one week prior to the next settlement date.

Company Name: _____
(Please Print)

Authorizing Signature(s): _____
I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf.

Date: _____