AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: City of Henry
Address: 514 Front St, Henry, IL 61537
Phone: 309-364-3056

Customer Name(s): _____

Street Address: _____

I (Receiver) hereby authorize the City of Henry, hereinafter called COMPANY, to initiate debit entries to my ____Checking Account or ____Savings Account (select one), indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law. The Auto/Debit will be on the 20th of every month except if it falls on a weekend or Holiday then it will be the day after.

Bank Name:_____
Bank ABA Routing Number:_____
Account Number:_____

The amount of each transfer will be $_____* beginning_____, 20_____,
for credit to my (Receiver's) City of Henry Utility Bill account.
Frequency of transfer: Monthly

*Monthly Payment May Change Annually Due to CPI Increase and/or Council Approval

Note: All written debit authorizations must provide that I, the Receiver, may revoke the authorization only by notifying the originator, Company, in a manner specified in the authorization.

This authorization is to remain in full force and effect until Company has received written notification from me of change or termination, 30 days prior to transfer date, to afford Company and depository a reasonable opportunity to act on it.

I have retained a copy of this debit authorization for my records:

Name(s):_____ Phone:_____

Email Address:_____

Signature(s):_____ Date:_____

Company Use:

Received by:_____ **Date:**_____ **Date Terminated:**_____