

**CITY OF CANTON MO**

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS**

**(ACH DEBITS)**

I (we) hereby authorize the City of Canton, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our checking/savings account indicate below and further authorize the depository named below, hereinafter called Depository, to debit and/or credit the same to such account.

**DEPOSITORY (BANK) NAME** \_\_\_\_\_

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

**TRANSIT/ABA/ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_ **CHECKING** \_\_\_\_\_ **OR SAVINGS** \_\_\_\_\_

I am attaching a voided check and/or deposit slip for the above numbers to be identified as correct.

This authority 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 as to afford Company and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**UTILITY ACCOUNT NUMBER**