## *AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)*

I (we) hereby authorize the CITY OF MACOMB, IL, hereinafter called CITY, to initiate debit entries to our account indicated below at the depository financial institution named below, hereafter 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 U S law. The debit authorization is limited solely to the payment of City of Macomb, Il bills for water, sewer and/or trash collection services

Depository (Bank)
Name_____ Branch_____

City_____ State_____ Zip_____

Routing Number_____ Account Number_____ Savings ☐ Checking ☐

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

Name(s)_____
(Print)

Service Address_____

Date_____ Signature_____

**PLEASE INCLUDE A VOIDED CHECK FOR VERIFICATION OF BANK INFORMATION**
**Mail to: Macomb City Waterworks, P.O. Box 377, Macomb, Il 61455**

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**TERMINATION AUTHORIZATION**

I (we) hereby notify the CITY OF MACOMB,IL to terminate the above agreement on_____(date).

Signature_____ Date_____

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