

# DIRECT PAYMENT VIA ACH AUTHORIZATION

I authorize THE CITY OF SALIX, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

## Account Details

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type of Acct:  Checking

Savings

## Payment Details

Fixed Payment

Dollar Amount: \$: \_\_\_\_\_

Frequency:  Daily  Weekly  Monthly  Per Statement Due Date

Variable Payment

Amount shown due on Invoice or Statement

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Print Individual Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Individual ID Number, if applicable: N/A Date: \_\_\_\_\_

If checked, attach a copy of a voided check or proof of account ownership to this form