



345 S. Main Ave, PO Box 9, • Bolivar, Missouri 65613
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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

CITY OF BOLIVAR 44-6000140

I (we) hereby authorize the City of Bolivar, hereinafter called CITY, to initiate debit entries to my/our []Checking []Savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same on the **10th** day of each month (or the last business day the week of the 10th) for the purpose of paying my/our monthly utility account with City. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I/we further agree to pay the full amount of my/our utility account, plus lawful additions and charges thereto, within five (5) days following written notice that an attempted debit by City pursuant to this Authorization has been unsuccessful.

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

TRANSIT/ABA # _____ BANK ACCOUNT # _____

Please attach a voided check or a copy of your savings account card to this document.

This authority 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) _____ UTILITY ACCT # _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____ DATE _____