CITY OF ELLINWOOD

AUTHORIZATION FOR ELECTRONIC BILLING
(ACH DEBIT)

CUSTOMER NAME: _____

UTILITY SERVICE ADDRESS: _____

LOCATION ID: _____

I hereby authorize City of Ellinwood, hereinafter called Company, to initiate debit entries to my:

_____ **CHECKING ACCOUNT**

_____ **SAVINGS ACCOUNT**

Indicated below at the depository named below, hereinafter called Depository, to make the indicated entry to such account. In the event of the need to make an adjustment debit entry to my account the Company will notify me of the adjusting debit prior to making the adjusting debit entry.

DEPOSITORY NAME: _____

ROUTING / ABA #: _____

ACCOUNT NUMBER: _____

This authorization may be terminated upon thirty days written notification of your desire for termination.

PHONE NUMBER _____

SOCIAL SECURITY #: _____ - _____ - _____

SIGNATURE: _____ **DATE:** _____

ATTACH DEPOSIT TICKET OR VOIDED CHECK HERE