CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize the City of Flovilla to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

_____Checking Account   _____Savings Account at the depository financial institution below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name (bank): _____

Routing Number: _____ Account Number: _____

Amount of debit(s) or method of determining amount of debit(s): _____

Date(s) and or frequency of debit(s):_____

I (we) understand that this authorization will remain in full force and effect until I (we) notify City of Flovilla by phone, location, in writing, etc. that I (we) wish to revoke this authorization. I (we) understand that City of Flovilla requires at least _____ days or _____weeks prior notice in order to cancel this authorization.

Name(s) _____
       (Print)

Date _____ Signature(s)_____