

City of Steelville Floating Capital of Missouri

895 Frisco St. /P.O. Box M
Steelville, MO 65565-0350

Phone: 573-775-2815
Fax: 573-775-5914

CITY OF STEELVILLE AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH)

I (we) hereby authorize the CITY OF STEELVILLE hereinafter called COMPANY, to debit entries to my(our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch)

(Address) _____ (City/State) _____ (Zip)

(Routing/Transit No.) _____ (Acct. No) _____ Type of Acct: Checking Savings (circle one)

Day of the month your utility payment is deducted from your account is the 10th.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **Please attach a voided check to this form.**

(Print individual name) _____ (Print individual name)

(Social Security or Foreign ID NO.) _____ (Social Security or Foreign ID NO.)

Billing Address

Service Address

List Utility Account Number(s) Below:

Signature Date

Signature Date