

City of Manly

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

NAME: _____ UTILITY ACCOUNT #: _____

I (we) hereby authorize the City of Manly hereinafter called the COMPANY, to initiate debit entries to my (our) ___ Checking ___ Savings account (select one account) for the payment/transfer listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PAYMENT/TRANSFER: Automatic Payment/ACH for Utility Account

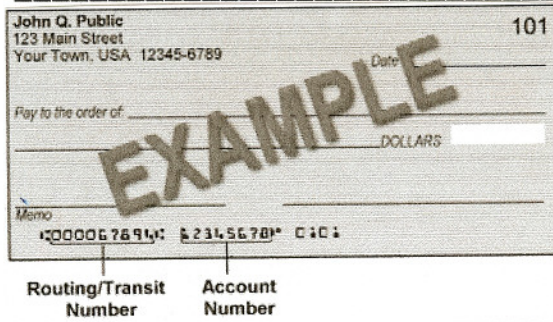
NAME(S) ON ACCOUNT: _____

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK TRANSIT/ABA NO: _____

BANK ACCOUNT NO: _____



In addition, I/we agree to maintain a sufficient balance in my/our account to cover the payment requested by the above authorization. If the balances in my/our account are insufficient to cover the payment authorized, the COMPANY may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations of the COMPANY governing checking/savings accounts.

The COMPANY or any of the undersigned may cancel this authorization upon written notice to the other in such time and in such manner as to afford a reasonable opportunity to act on it.

NAME(S) _____ DATE _____

SIGNED (x) _____ SIGNED (x) _____

** NOTE: Your account will be debited on the 10th of every month. If the 10th is a banking holiday, the deduction to your account will occur the next business day.