

CITY OF DURANT

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS) FOR MONTHLY CITY SERVICES OF WATER, SEWER, AND GARBAGE

ACCOUNT NAME(S): _____

CITY ACCOUNT NUMBER: _____

I hereby authorize the City of Durant to initiate debit entries to the account indicated below, and the depository financial institution to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

A statement bill will be mailed to the customer on the first of the month and automatic payment will occur on the 20th of the month (or, if on a weekend, the first banking business day following the 20th).

Depository Institution: _____

Transit/ABA Number: _____ Account Number: _____

This authority is to remain in full force and effect until the City of Durant has received notification from the account holder of its termination in such time and in such manner as to afford the City of Durant and the depository institution a reasonable opportunity to act.

SIGNATURE (S) _____

DATE _____
