

City of Calhoun

P.O. Box 294
Calhoun, KY 42327
Telephone: (270) 273-3092

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of Calhoun to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account(s) indicated below from the financial institution named below and to debit and/or credit the same to such account(s).

Customer Name	Utility Account #
Mailing Address	Service Street Address
City, State Zip Code	Phone #

FINANCIAL INSTITUTION INFORMATION

Bank Name	Phone #
City	State Zip
Transit/ABA (Routing) #	Checking Account #

WATER & SEWER MONTHLY PAYMENTS ONLY

This authorization is to remain in full force and effect until City of Calhoun has received written notification from me of its termination in such time and in such manner as to afford City of Calhoun and the financial institution a reasonable opportunity to act upon it.

SIGN: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM