

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

CITY OF MONTICELLO

I (we) hereby authorize the **City of Monticello**, hereinafter called CITY, to initiate debit entries to my (our) checking account/ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions on U.S. law.

Depository Name: _____ **Branch:** _____
City: _____ **State:** _____ **Zip:** _____
Routing Number: _____ **Account Number:** _____

This authorization is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
Please Print

Signature: _____

Date: _____

Please complete this form and return it to the City of Monticello PO Box 269 Monticello, GA 31064
If you have any questions please call 706-468-8834.