



Account # \_\_\_\_\_

# City of Cleveland

DEPARTMENT OF FINANCE/CITY CLERK'S OFFICE

## Authorization Agreement for Direct Payment (ACH Debits)

Name(s) \_\_\_\_\_

Map/Parcel Number \_\_\_\_\_

Property Address \_\_\_\_\_

I (we) hereby authorize the City of Cleveland City Clerk, hereinafter called COMPANY, 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 in the amount of \$\_\_\_\_\_ on the 15<sup>th</sup> day of each month to begin on March 15, 20\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

The authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Please Print

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION

PLEASE ATTACH A VOIDED CHECK