



P.O. BOX 217 | WALKER, LA 70785 | [225] 664-3123

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS [ACH DEBITS]

Customer Name: _____ **City of Walker Account No:** _____

I (we) hereby authorize the City of Walker hereinafter called CITY, to initiate debit entries to my/our [SELECT ONE]: CHECKING ACCOUNT SAVINGS ACCOUNT indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Bank Name: _____

Routing No.: _____ **Account No.:** _____
[First nine numbers, usually between : :]

I understand that my account will be drafted on the due date.

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

NAME: _____
[Please Print]

DATE: _____ **SIGNED:** _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER.

**CITY OF WALKER
P.O. BOX 217
WALKER, LA 70785**

***PLEASE PROVIDE A VOIDED CHECK WITH THIS APPLICATION
TO CONFIRM ACCOUNT INFORMATION***

Your account will be drafted by TOW ENTERPRISE