



**City of Mayer**  
**Authorization Agreement for Direct Payment of Utility Bills**

Bank Name: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

Checking Account   or    Savings Account (select one)

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

(Please attach a voided check)

I (We) hereby authorize City of Mayer to initiate debit entries to my (our) account indicated below at the depository financial institution named below 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 of U.S. Law.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Mayer has received written notification of its termination in such time and in such manner to afford the City of Mayer and the depository a reasonable opportunity to act on it.