

Optional

City of Hardin Authorization Agreement Direct Deposits (ACH Credits/Debits)

I hereby authorize the City of Hardin, hereinafter called COMPANY, to Credit/Debit my account indicated below and the Financial Institution named below; hereinafter called FINANCIAL INSTITUTION, to Credit/Debit my account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of US Law.

Financial Institution Name: _____

Address: _____

City, State Zip: _____

Routing/Transit #: _____ Account #: _____

Type of Account: Checking Savings

The authority is to remain in full force and effect until the City of Hardin has received written notification from me of its termination in such time and manner as to afford the CITY OF HARDIN and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Date)

(Signature)

(Phone Number)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.
(Make a copy for customer's retention)