

*City of Westfir*

47441 Westoak Road, P.O. Box 296

Westfir, Oregon 97492

541-782-3983

*westfircity@gmail.com*

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

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

Customer Account Number (On Water Bill): \_\_\_\_\_

I (we) hereby authorize **The City of Westfir** to initiate debit entries to my (our) Checking / Savings Account (circle one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit same to such account. I (we) acknowledge that the originator of ACH transactions to my (our) account must comply with the provisions of the United States Law.

Depository (Customer's Bank) \_\_\_\_\_

Branch Location: \_\_\_\_\_

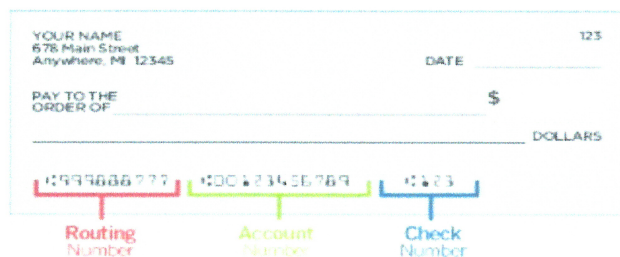
Account Number: \_\_\_\_\_

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

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

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

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



Attach copy of voided check here (optional)