

# CITY OF ELLINWOOD

## AUTHORIZATION FOR ELECTRONIC BILLING (ACH DEBIT)

I hereby authorize City of Ellinwood, hereinafter called Company, to initiate debit entries to my:

\_\_\_\_\_ **CHECKING ACCOUNT**  
\_\_\_\_\_ **SAVINGS ACCOUNT**

Indicated below at the depository named below, hereinafter called Depository, to make the indicated entry to such account. In the event of the need to make an adjustment debit entry to my account the Company will notify me of the adjusting debit prior to making the adjusting debit entry.

**DEPOSITORY NAME:** \_\_\_\_\_  
**ROUTING / ABA #:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

This authorization may be terminated upon thirty days written notification of your desire for termination.

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**ATTACH DEPOSIT TICKET OR VOIDED CHECK HERE**