



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name _____ Customer Number _____

I (we) hereby authorize the City of Soldotna to initiate direct payments to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, for payment of utility/assessment bills.

Depository Name _____ Branch _____

Account No. _____ Routing No. _____

Attach a voided check (checking accounts) or deposit slip (savings accounts).

This authorization is to remain in force and effect until the City of Soldotna 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 and Depository a reasonable opportunity to act on it.

Printed Name _____ Printed Name _____

Signature _____ Signature _____

Date _____ Date _____

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

Yes, I wish to receive monthly statements. No, I do not wish to receive monthly statements.