

**State Bank
ACH Debit Agreement**

City of Calmar for Utility Billing

Direct Debit Authorization Form

I hereby authorize the City of Calmar to initiate debit entries to my ___ Checking ___ Savings account (**select one**) indicated below at the depository financial institution named below and to debit the same to such account. (I also authorize debits or credit to correct errors.) I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the laws of the United States.

Depository Bank Name & Address: (Bank you want your city billing to be deducted from.)
Depository Bank Routing Number:
Account Number:
Account Type: (Please indicate checking or savings.)

This authorization is to remain in full force until the City of Calmar has received written notification from me of its termination in such time and in such manner as to afford the City of Calmar and the above named Depository a reasonable opportunity to act on my request.

Name: _____ Date: _____
(Please print)

Signature: _____

NOTE: The receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization; in this case, by written request that is received at least three (3) days prior to the proposed effective date of the termination of authorization.

Required Record Retention Period: 2 years after last transaction initiation

If you would like automatic deduction, please return this form to the City Clerk's office. Any questions please contact 563-562-3154.