

**AUTHORIZATION FOR DIRECT PAYMENTS (ACH)
FOR CITY OF HARVARD WATER BILLS**

CITY OF HARVARD

36-6005916

I (we) hereby authorize the City of Harvard, hereinafter called the CITY, to initiate debit entries to my (our) Checking Account indicated below at the financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Direct Payments (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

Your Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Routing Number: _____
1st group of numbers on bottom of your check

Your Account Number: _____
2nd group of numbers on bottom of your check

This authorization is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner to afford the CITY and DEPOSITORY a reasonable opportunity to act on it. PLEASE SUBMIT VOIDED CHECK WITH FORM.

MAIL DOCUMENTS TO CITY OF HARVARD P O BOX 310 HARVARD, IL 60033

Name: _____

Date: _____ Phone #: _____

Signature: _____

SERVICE ADDRESS _____

ACCOUNT NUMBER _____

E-MAIL ADDRESS _____
(optional)