CITY OF KEENE TEXAS

1000 N. Old Betsy Rd.
Keene, Texas 76031

; * 76059 * 817-641-3336 * Facsimile 817-556-2060

Authorization Agreement
For
Direct Payments (ACH Debit)

I/we hereby authorize the City of Keene, hereinafter called **Company**, to debit entries to my/our account indicated below and the Financial Institution named below, hereinafter called **Financial Institution**, to debit same to such account. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

_____
Financial Institution Name

_____
Financial Institution Address City – State Zip

_____ _____
Routing/Transit Number Account Number

Type of Account: _____ Checking _____ Savings

Company will notify recipient by written notice of the amount and date on or after that it will be debited. Monthly charges will be debited between the first (1st) and the seventh (7th) of each month.

This authorization will remain in full force and effect until Company has received written notification from me/us of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____
Print Name Service Address

_____
Utility Bill Account Number Phone Number

_____
Signature

_____
Date

Please attach a voided check or copy of a voided check to this form

Submit this form to City Hall by the 14th of the month for bill to be paid by bank draft on the 7th of the following month