



# Authorization Agreement For ACH Debit

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## Customer Information

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Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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## Authorization Agreement

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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.

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Financial Institution Name

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Address

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Routing/Transit Number

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Account Number

Type of Account:  Checking  Savings **(PLEASE ATTACH VOIDED OR COPY OF VOIDED CHECK)**

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## Please Sign and Date Below

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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 (1<sup>st</sup>) and the seventh (7<sup>th</sup>) 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.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to Keene City Hall, 1000 N. Old Betsy Rd, Cleburne, Texas 76031

Fax to 817-556-2060; Email to [court@keenetx.com](mailto:court@keenetx.com); Telephone 817-641-3336 Website: [www.keenetx.com](http://www.keenetx.com)