

**AUTHORIZATION AGREEMENT  
FOR DIRECT PAYMENTS (ACH DEBITS)  
VOIDED CHECK REQUIRED**

**I hereby authorize the City of Jasper, hereinafter called Company, to initiate debit entries to my checking and/or savings account indicated below at the depository financial institution(s) named below, hereinafter called Depository, and to debit the same such account.**

Depository Bank: \_\_\_\_\_

Account Type:     ☐ Checking     ☐ Savings

Depository Routing Number: \_\_\_\_\_

Depository Account Number: \_\_\_\_\_

**This authorization is to remain in force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.**

City of Jasper Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

FOR OFFICE USE ONLY

☐ Voided Check

☐ ID Copy

☐ Imaged

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_