

Electronic Debit Authorization

I (we) authorize City of Stanwood to electronically debit my (our) account as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ (9 digit number)

Account Number: _____

Name(s) on the Account: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \$5.00 - \$200.00

Date and/or frequency of debit- Monthly on 20th or following business day if falls on weekend or holiday.

I (we) understand that this authority will remain in full force and effect until I (we) notify City of Stanwood in writing that I (we) wish to revoke this authorization. I (we) understand that the City of Stanwood requires at least 30 Day prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

City of Stanwood will debit your account on the 20th of every month. If the 20th falls on a holiday or weekend it will be on the following business day. You will still receive your bill in the mail at the beginning of the month, should you have a discrepancy in the amount due, contact Stanwood City Hall immediately.

NOTE: Company to retain this form for a period of two years after termination or revocation of authorization.