

Town of Florence
P.O. Box 2670
Florence, Az 85132
520-868-7500
Website: www.florenceaz.gov

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
Town of Florence Company ID# A000002266

I (we) hereby authorize the Town of Florence, hereinafter called COMPANY, to initiate debit entries. **Select one** of the following types of accounts: **Checking** (A voided check must accompany this form) or **Savings** (A voided deposit slip must accompany this form. Indicate below the depository financial institution (Bank) named below, hereinafter called DEPOSITORY and to debit the same to such account as requested above. **NOTE:** All ACH debits will be transferred on the 25th or closest working day to the 25th. **PLEASE** notify the Finance Department when an account on this program has been closed.

DEPOSITORY/BANK NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effective until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S): _____

D/L or State ID #: _____ State of Issue: _____

Water Acct (s): _____

Garbage Acct (s): _____ Assessment (s): _____

Phone#: (H) _____, (2nd H) _____ (Other) _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.

Entered by: _____ Date: _____

Verified by: _____ Date: _____