

Town of Florence  
P.O. Box 2670  
Florence, AZ 85132  
520-868-7570  
Website: [www.florenceaz.gov](http://www.florenceaz.gov)

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the Town of Florence, hereinafter called COMPANY, to initiate debit entries. **Select one** of the following type of accounts: ( ) **Checking** (A voided CHECK - MUST accompany this form) or ( ) **Savings** (A Voided DEPOSIT SLIP – MUST accompany this form).

**NOTE:** All ACH debits will be transferred on the 25<sup>th</sup>. Please notify the Finance Department when an account on this program is closed (customer is responsible for all charges incurred if not notified of closed accounts).

**BANK NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

This authorization is to remain in full force and effective until the COMPANY has received **written notification** from me/either of us, regarding its termination in such time and in such a manner as to afford the COMPANY and BANK a reasonable opportunity to act upon it.

**NAME (S):** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**D/L or STATE ID:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**WATER ACCT (S):** \_\_\_\_\_

**GARBAGE ACCT (S):** \_\_\_\_\_ **ASSESSMENT ACCT (S):** \_\_\_\_\_

**PHONE#: (H)** \_\_\_\_\_ **(2<sup>nd</sup> #)** \_\_\_\_\_ **(OTHER)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**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:**

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**Entered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_