

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Service Address \_\_\_\_\_ Zip \_\_\_\_\_

Water Account No. \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

I/we hereby authorize **City of Westland** to initiate debit entries to my/our Checking/Savings Account at the depository financial institution named below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provision of U.S. law. Adjusting entries to correct errors is also authorized.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

This authorization is to remain in full force and effect until City of Westland has received written notification from me/either of us of its termination in such time and such manner as indicated on the reverse of this authorization.

Name(s) \_\_\_\_\_  
*(please print)*

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE CUSTOMER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE CITY OF WESTLAND IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**NOTE: It may take up to two billing cycles before automatic payments begin.**