

**AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ACH DEBITS)**

I (we) hereby authorize the City of Plattsburgh Water & Sewer Department to debit entries to my (our) account indicated below.

I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(Routing/Transit Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

(Name - Printed)

(City of Plattsburgh Water & Sewer Department Account Number)

This authority is to remain in full force and effect until the City of Plattsburgh Water & Sewer Department receives notification from me (us) of its termination.

(Signature)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

If you don't have a check, submit a copy of the header of a bank statement showing the bank's name, routing/transit number, and your account number.

Bring this form and any copies needed to the Water Department at City Hall, 136 N. 5th St., Plattsburgh, during regular business hours, Monday-Friday, 8am-4:45pm.