

City of Carlos

109 1st Street West
P.O. Box 276
Carlos, MN 56319



City of Carlos

(320) 852-3000
office@cityofcarlos.com
Website: cityofcarlos.com

**CONSUMER AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENT VIA ACH (ACH DEBIT)**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize the **City of Carlos** hereinafter called Company, to electronically debit my (our) account and if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Checking Account or Savings Account (select one)

at the depository financial institution named below, hereafter called Depository, I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____

Account Number:.....

Date and/or Frequency of debit(s): Monthly on the 25th of each month. Should the date fall on a weekend or Federal Holiday, the withdrawal will occur on the next business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Company in writing by mail to PO Box 276, Carlos, MN 56319 that I (we) wish to revoke this authorization. I (we) understand that the Company must be given requires at least 30 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Signature(s): _____ Date: ____ _

(staple a voided check here)

Processed Date _____ Terminated Date _____