



City of Pevely

Authorization and Agreement for Direct Payments (ACH Debits)

Company Name: City of Pevely

Company ID: 43-0829377

Name: _____ Phone: _____

Address: _____

City State Zip

City of Pevely billing account number: _____

I hereby authorize the City of Pevely, on the 10th of each month or before should the 10th fall on a weekend or holiday, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effective until the City of Pevely has received written notification from me of its termination in such time and in such manner as to afford City of Pevely and DEPOSITORY a reasonable opportunity to act on it. I am aware that should a check be returned unpaid to the City of Pevely there will be a \$25.00 fee applied to my next bill.

Printed Name: _____ Signature: _____ Date: _____

ATTACH A VOIDED CHECK HERE

We require an original signed form on file in order to process payments. All information will remain confidential. Please mail or drop off the completed form to:

City of Pevely, Utility Department
401 Main Street
Pevely, MO 63070