



CITY OF HEREFORD

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH) (Utility Account Bank Draft)

COMPANY NAME: *City of Hereford* **COMPANY ID NUMBER:** *75-6000557*

I (we) hereby authorize the **City of Hereford** to initiate debit entries to my (our) account indicated below at the depository (bank) named below. The depository (bank) is authorized to debit the same account.

*******DEPOSITORY (BANK) INFORMATION*******

BANK NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING NO.: _____ **ACCOUNT NO.:** _____

ACCOUNT TYPE: (Please Check One) **Checking** **Savings**

*******CUSTOMER INFORMATION & AUTHORIZATION*******

This authority is to remain in full force and effect until the City of Hereford and the depository (bank) have received written notice from the undersigned of its termination in such time and in such a manner as to afford the City of Hereford and the depository (bank) a reasonable opportunity to act on it.

ACCOUNT NAME(S): _____

UTILITY ACCOUNT NO.: _____

ACCOUNT ADDRESS: _____

SIGNED: _____ **DATE:** _____

For Office Use only:

Worked By: _____ *Date:* _____