



ACH DEBIT AUTHORIZATION AGREEMENT

PO BOX 367, GRANGER, TX 76530

info@cityofgranger.org

Phone (512) 859-2755 * Fax (512) 859-2871

I/we hereby authorize the City of Granger, Texas, (CITY) to initiate debit entries and/or corrections to the previous entries to my/our checking account or savings account indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account for payments. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U. S. law.

I/we acknowledge that if the due date of the payment falls on a non-business day, then the debit to my/our account will settle on the first business day following the non-business day.

Name on Account:

Commercial (CCD) **or Personal (PPD)**

Bank Name:

Branch:

City:

State:

Zip:

9- Digit Routing Number:

Account Number:

Regular Payment Date: 5th day of the month.

Payment Frequency: Monthly

Start Date:

This authorization is to remain in full force and effect until the CITY has received written notification from me or either of us, of its termination in such time and in such manner as to afford the CITY and the BANK a reasonable opportunity to act on it.

Printed Name:

CITY Account ID:

Signature:

Date:

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.