



City of Bethel Heights
530 Sunrise Drive
Bethel Heights, Arkansas 72764
(479) 751-7481

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Company Name: City of Bethel Heights

I (we) hereby authorize the City of Bethel Heights, hereinafter called Company, to initiate debit entries to my (our) **Checking Account** / **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____

Routing Number: _____ Account Number: _____

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

Name(s): _____ ID Number: _____
(Please Print)

Date: _____ Signature: _____

NOTE: DEBIT AUTHORIZAITONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.