

CITY OF GARY
CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I (we) authorize the City of Gary and the financial institution named below 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. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Would you like a copy of the bill sent to you each month? YES or NO

If yes: Email address: _____

- I (we) agree that the debits will be withdrawn on the 1st business day of each month.
- I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Gary in writing or by telephone that I (we) wish to revoke this authorization.
- I (we) understand that the City of Gary requires at least 10 days prior notice to cancel this authorization.

** If the bank account is a joint account, please have both people sign this document.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP)