

**City of Stanton**  
**Authorization for Direct Payments (ACH Debits)**  
**For Monthly Utility Payment**

I (we) hereby authorize the City of Stanton to initiate debit entries to my (our) Checking/Savings Account indicated below at the depository financial institution named below, hereinafter called Depository, and the 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.

**Account Information:**

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Print Monthly Bill: YES \_\_\_\_\_ or NO \_\_\_\_\_

This authorization is to remain in full force and effective until the City of Stanton 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 of Stanton and Depository a reasonable opportunity to act on it. Monthly transactions take place on the 8<sup>th</sup> of the month except on weekends.

Name(s): \_\_\_\_\_

City Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach a VOID check.**

City of Stanton  
P.O. Box 747  
Stanton, NE 68779