

Authorization for ACH

Account Number (if existing): _____

Name: _____

Service Address: _____

I hereby authorize CITY OF GREENBRIER to initiate credit and/or debit entries to my Checking and/or Savings account indicated below and the depository named below, to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

Bank Account Information

Bank Name: _____

Routing & Transit/ABA # _____

Account # _____

Account Type: Checking _____ and/or Savings _____

This authority is to remain in full force and effect until the City of Greenbrier has received either written or verbal notification from me of its termination in such time and in such manner as to afford the City of Greenbrier and Depository a reasonable opportunity to act on it.

Name: _____

(PLEASE PRINT)

Date _____

Signature: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM