

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

Company: City of Fairfax

Tax ID: #42-0959452

I (we) hereby authorize the City of Fairfax, hereinafter called COMPANY, or their appointed third party representative, to initiate debit entries to my (our)

Select one:  Checking Account       Savings Account

indicated below at the depository financial institution named below, hereinafter 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.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account (select one)  Checking Account  Savings Account

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, or their appointed third party and DEPOSITORY a reasonable opportunity to act on it.

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

ACH applications received at Fairfax City Hall, 300 80<sup>th</sup> Street Court, before the last business day of the month will take effect the following month.

**FOR OFFICE USE**

Date Received \_\_\_\_\_ Beginning Date \_\_\_\_\_

Utility Account: \_\_\_\_\_