

CITY OF PETERSBURG

DIRECT DEBIT AUTHORIZATION AGREEMENT

- Please type or print legibly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- ***Attach a voided check to the completed application***

New Change

Name:		
Address:	Social Security #:	
City:	State:	Zip:
E-mail Address::		Phone:

I hereby authorize the City of Petersburg to debit my Checking Account or Savings Account at the financial institution named below for quarterly payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The City of Petersburg and I agree to abide by all applicable ACH operating rules.

Financial Institution:	
Bank Transit & Routing Number:	Account Number:
Name as it appears on the bank account	
Direct Debit Payments will begin on:	

This agreement is to remain in full force and effect until the City of Petersburg has received written notification from me, or I have received written notification from the City of Petersburg of its termination so as to afford the interested parties a reasonable time to act on it.

Signature

Date