

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
CITY OF RED BLUFF**

I (we) hereby authorize the City of Red Bluff, to initiate debit entries to my (our):

- | | |
|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Personal Account |
| <input type="checkbox"/> Savings Account
(must select one) | <input type="checkbox"/> Business Account
(must select one) |

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account, for the purpose of payment of the balance of the monthly water & sewer billing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing _____ Account _____
Number _____ Number _____

This authorization is to remain in full force and effect until the City of Red Bluff 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 Red Bluff and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Utility Acct. Number _____
(Please Print)
Date _____ Cell Phone # _____
Signature _____

**Total monthly amount due will be debited to the above account on the 15th of each month.
Bring this form in or mail to: City of Red Bluff, 555 Washington St., Red Bluff, CA 96080
Or Scan and Email to: pmaria@cityofredbluff.org**

Attach VOIDED CHECK here.