

**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):

Checking Account  
 Savings Account  
(must select one)

Personal Account  
 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) \_\_\_\_\_ Acct. Number \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signature \_\_\_\_\_

**Total monthly amount due will be debited to the above account on the 15<sup>th</sup> of each month.  
Bring this form in or mail to: City of Red Bluff, 555 Washington St., Red Bluff, CA 96080**

Attach VOIDED CHECK here.