

# City of Milan, Georgia

## Consumer Authorization for Direct Payment via ACH (ACH Debits)

I (we) authorize The City of Milan, GA ("CITY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits<sup>1</sup>) as follows:

Checking Account /  Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

Depository  
Name \_\_\_\_\_

Routing  
Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar:

Amounts  
authorized]: \_\_\_\_\_.

Date(s) and/or frequency of  
debit(s): \_\_\_\_\_.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the CITY in writing that I (we) wish to revoke this authorization. I (we) understand that the CITY requires at least 10 days prior notice in order to cancel this authorization.<sup>2</sup>

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_