

Please attach a Voided Check here.

| City of Riverside | Account # |
|-------------------|-----------|
|-------------------|-----------|

## Authorization for Direct Debit (Authorization to pay water bill directly from your bank account)

I (We) hereby authorize **City of Riverside** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on or about the **15th** of each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

| Depository Name:  | Branch:   |  |
|---|---|--|
| City:   | State:  | ZIP:   |
| Routing Number:   | Account Number:   |  |
| ☐ Checking Account ☐ Savings Account  |   |  |
| This authority is to remain in full force and effect until Co<br>us) of its termination in such time and in such manner as<br>to act on it. | mpany has received written<br>to afford Company and Der | notification from me (or either coository a reasonable opportuni |
| Name(s):  | ÷   |  |
| Signature:  | Date:   |  |
| Address:  | Phone: _  |  |
|   |   |  |

If you have any questions, please feel free to call City Hall. 319-648-3501