

**CITY OF CLEAR LAKE
CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

I (we) authorize the City of Clear Lake and the financial institution named below to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

_____Checking Account or _____Savings Account (select one) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Would you like a copy of the bill sent to you each month? YES or NO If yes:

_____ Email address: _____ OR

_____ Mailing address: _____

- I (we) agree that the debits will be withdrawn on or about the 10th day of each month.
- I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Clear Lake in writing or by telephone that I (we) wish to revoke this authorization.
- I (we) understand that the City of Clear Lake requires at least 10 days prior notice in order to cancel this authorization.

** If the bank account is a joint account, please have both people sign this document.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK
(NOT A DEPOSIT SLIP)