Direct Payment via ACH Authorization

I authorize the City of Murray, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Account Detail

Financial Institution Name:			
City		State	Zip
Routing Number			
Account Number			
Type of Account	☐ Checking	☐ Savings	

Payment Details

☐ Fixed Payment	Dollar Amount $ _____			
Frequency:	☐ Daily	☐ Weekly	☒ Monthly	☐ Other_____
☐ Variable Payment	☒ Amount shown on Invoice or Statement START DATE FOR PAYMENTS:_____			
Is the Payment: ☐ Single ☐ Multiple ☒ Recurring	Payment will be debited the 4th business day of the month.			

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request. I,(we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. This authorization is to remain in full force and effect until Company has received written notification from me to the address of the Company of its wish to revoke this authorization in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. Notice must be received at least three (3) days prior to the proposed effective date of the revocation of authorization.

Signature: _____

Print Individual Name: _____

Individual Account Number_____

Date: _____

**If the payment date falls on a week-end or holiday the payment will be made the business day prior to the scheduled payment date.
++If a payment is returned due to NSF, this automatic debit/credit will cease AND if this automatic payment is for a loan payment a coupon book will be sent to you for payments to be made by you.
Attach a voided check with this completed form.