www.lanarkil.gov

City of Lanark

111A South Broad Street, Suite A
Lanark, IL 61046
(815) 493-2431

Authorization Agreement for Direct Payments (ACH)

Company Name: CITY OF LANARK

I (We) hereby authorize the CITY OF LANARK, hereafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account or ☐ Saving Account **(select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and debit the same to such account. I (We) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Attach a voided check (checking) or deposit ticket (savings) with correct information. Please note a zero-dollar pre-note will be sent to your depository to verify your information.

Depository Information		
Depository Name		
City	State	Zip Code
Routing (ABA) Number		
Account Number		

Authorization	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Print Name(s)	Phone Number(s)
Property Address(s)	
Start Date *If payment date falls on a weekend or holiday ACH payment will be debited the previous banking day.*	
Frequency of Debit Entries: **Once per Month**	
Date of Debit Entries: **15th of the Month**	
Dollar Amount: **Billed Amount**	
Signature(s)	