

ACH Authorization Form

City of Bottineau

115 6th St W - Bottineau ND 58318

701-228-3232 cityhall@utma.com



CREDIT/DEBIT AUTHORIZATION FORM—CITY OF BOTTINEAU

I (we) hereby authorize THE CITY OF BOTTINEAU, BOTTINEAU ND to initiate entries to my (our) checking/savings accounts at the FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the CITY OF BOTITNEAU is notified by me (us) in writing to cancel it in such time as to afford the CITY OF BOTTINEAU, and the FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

(NAME)

(ADDRESS)

(NAME OF FINANCIAL INSTITUTION)

(ADDRESS OF FINANCIAL INSTITUTION)

(SIGNATURE)

(DATE)

SET AMOUNT: _____

VARIABLE AMOUNT: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

CHECKING/SAVINGS ACCOUNT NUMBER: _____

PLEASE ATTACHED A VOIDED CHECK FROM YOUR ACCOUNT FOR VERIFICATION PURPOSES