CITY OF COVINGTON

AUTHORIZATION AGREEMENT FOR PAYMENTS (ACH)

Utility Account Number _____

I hereby authorize, The City of Covington, hereinafter called The City of Covington, to initiate debit (withdrawal) entries to my CHECKING ACCOUNT/SAVINGS ACCOUNT (select one) at the depository financial institution named below, hereafter called DEPOSITORY, and if necessary to electronically credit my account to correct erroneous debits. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name (Bank Name) _____

CITY/STATE/ZIP: _____

Routing Number_____Account Number_____

Date of debit will always be the 15th unless on the weekend it will be the next banking day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify City of Covington of cancelation/revocation, example in writing and/or by phone, include address if in writing that I (we) wish to revoke this authorization. I (we) understand that the City of Covington requires at least 30 days prior notice in order to cancel this authorization.

Customer Name: _____

Date_____Phone # _____