

CITY OF SOPCHOPPY WATER DEPARTMENT  
P. O. BOX 1219, SOPCHOPPY, FL 32358  
PH: (850) 962-4611, FAX (850) 962-3429

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name CITY OF SOPCHOPPY Company ID Number CITY OF SOPCHOPPY

I (we) hereby authorize CITY OF SOPCHOPPY, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to 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.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Water Acct Name(s) \_\_\_\_\_ (please print) Water Acct Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Water Service Address \_\_\_\_\_ Phone # \_\_\_\_\_

**A VOIDED CHECK IS REQUIRED TO COMPLETE THIS FORM**

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**THIS TRANSACTION WILL TAKE PLACE ON THE 15<sup>TH</sup> OF EACH MONTH (OR NEXT WORKING DAY). YOU WILL CONTINUE TO RECEIVE A STATEMENT BY MAIL FOR YOU TO REVIEW.**