

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**City of Long Beach**

I(we) hereby authorize City of Long Beach, 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, hereinafter called Depository, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States 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. Written notification must be received by Company **NO LESS THAN SEVEN BUSINESS DAYS BEFORE TRANSMISSION DATE** of the next Entry.

Name(s) \_\_\_\_\_ City Acct Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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**AUTHORIZATION REVOCATION**

I(we) request City of Long Beach (Company) terminate the authorization for the initiation of debit entries to my(our) \_\_\_\_\_ Checking / \_\_\_\_\_ Savings Account(select one). I understand that this notice must be received by Company **no less than seven business days before transmission date** of the next Entry.

Signature \_\_\_\_\_ Received by \_\_\_\_\_

Date \_\_\_\_\_ Date received by Company \_\_\_\_\_

If Entry is recurring, please provide following information:

Effective Entry Date \_\_\_\_\_ Dollar amount \_\_\_\_\_