



CITY OF LINDSBORG

PH: 785-227-3355  
PO BOX 70  
101 S. MAIN ST  
LINDSBORG, KANSAS 67456

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
(ACH DEBITS)

I (we) hereby authorize the **City of Lindsborg** to initiate debit entries to my (our)

\*SELECT ONE\*

CHECKING ACCOUNT

SAVINGS ACCOUNT

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 ACH transactions to my (our) account must comply with the provision of U.S. law.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

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

Name(s) \_\_\_\_\_ Utility Acct # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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