



*City of Cuba*

P.O. Box K • 202 N Smith St., Cuba, MO 65453  
(573) 885-7432 • Fax (573) 885-3216

**CITY OF CUBA  
AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the CITY OF CUBA hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account, I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____		_____	
(Financial Institution Name)		(Branch)	
_____			
(Address)		(City/State)	(Zip)
_____		_____	
(Routing/Transit No.)	(Acct. No.)	Type of Acct _____	Checking _____ Savings

Day of the month your utility payment is deducted from your account is the 4<sup>th</sup>.

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____		_____	
(print individual name)		(print individual name)	
_____		_____	
(Social Security or Foreign ID No.)		(Social Security or Foreign ID No.)	
_____			
(Billing Address)			
_____			
(Service address)			
_____			
(Signature)	(Date)	(Signature)	(Date)