
City of Lafayette

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Lafayette, MN 56054

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH Debits)

NEW

MODIFY

I (we) hereby authorize City of Lafayette to electronically debit my (our) account at the depository financial institution detailed below ("DEPOSITORY"). If necessary, company may electronically credit the account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all applicable law.

Depository Name City of Lafayette

Name on Account _____

Account Number _____

Checking Account Savings Account

Routing Number _____

Dollar amount Monthly Utility Bill – Water, Sewer, Garbage

Transaction Date and Frequency 20th of each month



This authorization is to remain in full force and effect until I (we) notify City of Lafayette of its termination. I (we) understand that City of Lafayette requires at least 7 days prior notice in order to cancel this authorization.

Account # _____

Date _____ Signature _____

Date _____ Signature _____

Attach voided check or savings slip below