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# 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 20<sup>th</sup> 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\*\*\*