

CITY OF CHEHALIS

Public Works Department
2007 N.E. Kresky
Chehalis, Washington 98532
(360) 748-6664 / Fax (360) 748-0694
www.ci.chehalis.wa.us



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I authorize the City of Chehalis to transfer funds from my (our) bank account for my monthly/bimonthly utility billing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution's Name: _____

Bank Routing Number: _____

Bank Account Number: _____

The above bank account is either: Checking ___ or Savings ___
Please check one.

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

Name(s): _____

Phone Number: _____

Utility Account Number(s): _____; _____; _____

The monies will be transferred from your account on the due date listed on your bill.

Date: _____

Signature: _____

Signature: _____

Please attach a voided check to this form.