

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

I (we) hereby authorize the City of Cuba 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 Number)	(Account Number)	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Day of the month you would like your utility payment deducted from your account? (please circle one) 3rd

This authority is to remain in full force and effect until the CITY OF CUBA has received written notification from me (or either of us) of its termination in such time and manner as to afford the CITY OF CUBA and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(print individual name)	(print individual name)
(Social Security Number or Foreign ID Number)	(Social Security Number or Foreign ID Number)

Billing Address _____

Service Address _____

(Signature)
(Signature)

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)**