



415 11th Ave, Fulton, IL 61252  
P: 815-589-2616 | F: 815-589-4421

## SCHEDULED AUTHORIZATION FORM

Authorization agreement for preauthorized payments (ACH debits)

Customer Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

I (we) hereby authorize The City of Fulton, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Transit/ABA/Routing Number \_\_\_\_\_

Account # \_\_\_\_\_

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

Effective Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*Please provide a voided check for account verification purposes.**