

AUTHORIZATION AGREEMENT FOR ACH DEBITS

City of Sanibel Federal ID Number: 59-1568877

I (we) hereby authorize the City of Sanibel herein called the company, to initiate debit entries and/or correction entries to our checking account indicated below at the depository named below, herein called depository, to credit the same such account.

DEPOSITORY (BANK):

BRANCH:

CITY:

STATE/ZIP:

BANK TRANSIT /ABA NUMBER:

BANK ACCOUNT NUMBER:

This authorization is to remain in force until company has received written notification from me (or either of us) in such time and in such manner as to afford company and depository reasonable time to terminate this ACH debit.

NAME(S) ON THE ACCOUNT:

DAYTIME TELEPHONE NUMBER:

() _____

() _____

SIGNATURE:

DATE:

SIGNATURE:

DATE:

PROPERTY ADDRESS: _____

ACCOUNT #: _____

CUSTOMER #: _____

Please return to:
City of Sanibel
Attn: Finance Department
800 Dunlop Road
Sanibel, FL 33957
Fax:239-472-3065

**PLEASE ATTACH A VOIDED CHECK
FROM THE ABOVE-REFERENCED ACCOUNT**