

Automatic Payment Enrollment Form
Authorization Agreement for Direct Payments (ACH DEBITS)

Company/Individual Name: _____

Address: _____

I (we) hereby authorize the City of Coopersville, hereinafter called COMPANY, to initiate debit entries to my (our) --

() Checking Account, or

() Savings Account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Depository Name: _____

Branch: _____ City: _____

State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY 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.

Signature(s):

NOTE: Debit Authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Contact Phone Number: _____

Submit form to:
City of Coopersville
289 Danforth Street
Coopersville, MI 49404