



Direct Payment Authorization Form

Thank you for participating in the City of Genoa's Direct Payment Plan. Payment will be withdrawn from your banking account the **18th** every month unless it falls on a weekend; then the withdrawal will occur the Friday ***before***. This will remain in effect until you notify the City of Genoa to terminate the authorization. *****Please attach a copy of a voided check for account verification*****

Please complete the information below: _____

I authorize the City of Genoa to initiate electronic debit entries to my:

_____ Checking Account or _____ Savings Account

For payment of my City of Genoa Utility Bill

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

Property Address: _____

Utility Billing Account Number: _____

Financial Institution Name: _____

Financial Institution City & State: _____

Bank Routing Number: _____

Bank Account Number: _____

Signature: _____ Phone Number: _____

Printed Name: _____