

**CITY OF CORVALLIS UTILITY BILLING  
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize the City of Corvallis, hereinafter called CITY, to initiate debit entries monthly in the amount of my monthly utility bill to my (our) Checking account as indicated below from the financial institution named.

This authorization is to remain in full force and effect until CITY has received written or verbal notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and financial institution a reasonable opportunity to act on it. I(We) have submitted this financial institution account information in confidence to the City of Corvallis. I(We) are not required by law to provide financial institution account information. The City has obliged itself to act in good faith not to disclose financial institution account information.

The name(s) as it appears on your checks:

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
(PLEASE PRINT) (PLEASE PRINT)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Utility Account Number(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(As shown on your bill(s))

**NOTE:**

**ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Attach voided check here:**