



Direct Payment via ACH Authorization

I authorize City of Lyndon, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Account Detail

Financial Institution Name: _____	
City _____	State _____ Zip _____
Routing Number _____	
Account Number _____	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Payment Details

Billing dates	<input type="checkbox"/> 1st <input type="checkbox"/> 13th <input type="checkbox"/> 23rd
	<input type="checkbox"/> Amount shown on Invoice or Statement

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Signature: _____

Print Individual Name: _____

Individual ID Number, if applicable: _____

Date: _____

Attach a copy of a voided check or proof of account ownership to this form. **This is required.**