

CITY OF HICKORY HILLS

8652 WEST 95TH STREET
HICKORY HILLS, ILLINOIS 60457
PHONE (708) 598-4800 • FAX (708) 430-6245



AUTHORIZATION AGREEMENT DIRECT PAYMENT (ACH DEBITS)

I (we) authorize THE CITY OF HICKORY HILLS, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Address

City-State

Zip

Routing/Transit Number

Account Number

Type of Account: Checking

Savings

ID Code: _____

This authority is to remain in full force and effect until THE CITY OF HICKORY HILLS has received written notification from me (or either of us) of its termination in such time and manner as to afford THE CITY OF HICKORY HILLS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print individual name

Print individual name

Signature

Signature

Date

Phone number

****Please attach a copy of a voided check to this form.**