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.**