



City of DeKalb - Finance Department
 200 South Fourth Street
 DeKalb, IL 60115
 Phone: 815-748-2085
 Fax: 815-748-2304

FOR OFFICE USE ONLY:
 UB Customer #:
 UB Account #:
 UB Owner #:
 Customer Name:
 Date Added:

ACH DIRECT WITHDRAWAL AUTHORIZATION FORM

I hereby authorize The City of DeKalb, hereinafter called THE CITY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for and debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until THE CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE CITY and DEPOSITORY a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and are subject to all NACHA rules and regulations.

- Please fill out (print) sections [1] through [7] below
- Sign and Date the Form
- Attach a VOIDED CHECK

[1] Customer Name(s)	[2] Customer Service Address	[3] Customer Driver License Number

[4] Bank Name	[5] Bank Routing Number	[6] Customer Bank Account Number

[7] Customer Bank Account
<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature: _____

Date: _____

ATTACH YOUR VOIDED CHECK BELOW