



# CITY OF LUDINGTON

400 SOUTH HARRISON STREET  
LUDINGTON, MICHIGAN 49431  
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JOHN HENDERSON, MAYOR  
JOHN E. SHAY, CITY MANAGER  
DEBORAH L. LUSKIN, CITY CLERK  
LINDA J. ROGERS, INTERIM CITY TREASURER

## CUSTOMER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize the City of Ludington to initiate debit entries to my  
(select one)

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

indicated below at the depository named below, hereafter called  
DEPOSITORY, and to credit the same to such account. I acknowledge  
that the origination of ACH transactions to my account must comply with  
the provisions of U.S. law.

Depository Name \_\_\_\_\_

Depository City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ (taken from check)

Account Number \_\_\_\_\_ (taken from check)

This authorization is to remain in full force and effect until the City of  
Ludington has *received written notification from me of its termination*  
in such time and in such manner as to afford the City of Ludington and  
DEPOSITORY a reasonable opportunity to act on it.

Customer Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

E-mail address for confirmation \_\_\_\_\_

Account or Parcel No. \_\_\_\_\_

Type of Service to be Paid: \_\_\_\_\_ Water & Sewer \_\_\_\_\_ Taxes

Date \_\_\_\_\_

X \_\_\_\_\_

Signature