



Authorization Agreement for Direct Payments (ACH Debits)

305 E Luverne St, PO Box 659
 Luverne, MN 56156
 (507) 449-2388
 www.cityofluverne.org

Purpose of ACH	
Utility Account	Luverne Area Aquatic and Fitness Account

Company Information	
Company Name:	City of Luverne
Account Number:	

I/We hereby authorize the City of Luverne, hereinafter called Company, to initiate debit entries to my Checking or Savings Account (check one) indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. Law.

Depository Information	
Name:	
Branch:	
City, State, ZIP:	
Routing Number:	
Account Number:	

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

Name _____
 (Please Print or Type)

Date _____ Signature _____

****PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE****

For Office Use Only	
Entered By:	
Date:	
Effective for Bill Due Date of:	