



Print Name: _____

I hereby authorize the City of Goodlettsville to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. laws.

Name of bank, credit union or savings & loan

Routing and Transit Number

Account Number

Checking Savings
 All Percent _____%
 Fixed Amt \$ _____

Name of bank, credit union or savings & loan

Routing and Transit Number

Account Number

Checking Savings
 Percent _____%
 Fixed Amt \$ _____
 Remainder

Name of bank, credit union or savings & loan

Routing and Transit Number

Account Number

Checking Savings
 Percent _____%
 Fixed Amt \$ _____
 Remainder

****Please attach a voided check for each account.**

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

Date _____ Signature _____