

**DIRECT DEPOSIT PAYMENT PROGRAM  
ELECTRONIC FUNDS TRANSFER (ACH) DIRECT DEPOSIT AUTHORIZATION FORM**

<b>CITY OF CLATSKANIE</b>	(Type or Print Clearly)		
	<b>Business Name:</b>		
	<b>Contact Name:</b>		
	<b>Remittance Address:</b>		
	City	State	Zip Code
Payment Notification: <input type="radio"/> E-Mail	Area Code & Phone No.	Area Code & Fax No.	
	E-Mail Address		
<b>Routing &amp; Bank Account Numbers</b>			
Bank Routing NO/ABA Transit (9 digits)			
Bank Checking Account Number			
<b>OR</b> Bank Savings Account Number			
Financial Institution Name	Financial Institution Street Address		
Financial Institution Contact Name & Branch Phone Number	Financial Institution City, State, Zip Code		
<p>Please sign and date this document to verify that you wish to have your payments deposited into the indicated account and the information listed above is accurate. We recommend you verify your account number and 9-digit routing/bank ID number with your financial institution. To avoid interrupted service, please notify The City of Clatskanie immediately of any changes to the above information.</p>			
<p>I hereby authorize The City of Clatskanie to initiate deposits (credits) to the financial account indicated above. In case of inadvertent or inappropriate payment, the deposited amount may be reversed. Our financial institution is authorized to credit amounts to this account and reverse any inappropriate credits. By signing below, I confirm the account number stated above is our company's business depository account. We hereby authorize the bank stated above to confirm to The City of Clatskanie representatives the validity of our bank account name and number and to verify the receipt of funds deposited into this same bank account. <b>Two (2) signatures are required below.</b></p>			

\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM CONFIRMING THE ACCOUNT # PROVIDED ABOVE \*\*\*\*

Signature of authorized representative	Phone Number	Printed Name/Title	Date
Signature of Corporate Officer/Owner	Phone Number	Printed Name/Title	Date

Please return this completed and signed form to:  
 City of Clatskanie  
 Attn: Sharry Hilton  
 PO Box 9  
 Clatskanie, OR 97016