



City of Sisters

Bank Drafting Application

For Direct Payments (ACH Debit)

PLEASE ATTACH A VOIDED CHECK AND RETURN FORM TO:

City of Sisters
Finance Department
P.O. Box 39
Sisters, OR 97759

I (we) hereby authorize the **City of Sisters, Oregon**, hereinafter called City, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name(Your) Bank: _____ Branch: _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account: _____

Name(s) Listed on Account: _____

This authority is remain in effect until the City and Depository have received written notification from me of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it:

Service Address: _____

City utility bill account #: _____

SIGNATURE

DATE

SIGNATURE

DATE

Accounts will be drafted on the 10th of the each month. If the 10th falls on a weekend the City would draft your account on the next available business day. This authorization is only good for the service address listed above.

FOR ADDITIONAL INFORMATION OR QUESTIONS, PLEASE CALL (541) 549-6022