



**CROWLEY MUNICIPAL UTILITY SYSTEM**  
**(AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS))**

**ACH Debits draft seven (7) calendar days before due date**

I (we) hereby authorize the City of Crowley (City), to initiate debit entries to my (our) ☐ checking ☐ savings account (select one) indicated below at the DEPOSITORY named below, and further authorize the DEPOSITORY to debit the same to such account.

Depository Name:		Branch:	
City:	State:	Zip:	
Routing Number:		Account Number:	

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

Name on Utility Account:	Crowley Utility Account Number:
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Signature:	Date:
Signature:	Date:

ATTACH VOIDED CHECK HERE