



**CITY OF LUDINGTON**

400 SOUTH HARRISON STREET  
LUDINGTON, MICHIGAN 49431  
PHONE (231) 845-6237  
FAX (231) 845-1146

**Customer Authorization Agreement for Direct Payments (ACH Debit)**

Customer Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address for Confirmation: \_\_\_\_\_

**BANK INFO** – (attach/include a voided check)

Depository (Bank) Name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Checking  Savings

Routing #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Account #: \_\_\_\_\_

I hereby authorize the City of Ludington, MI to initiate debit entries to my account, indicated above, and to credit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law.

**ACCOUNT/PROPERTY INFO**

Address or Account: \_\_\_\_\_  Water  Lawn  Property Taxes - on due date

Address or Account: \_\_\_\_\_  Water  Lawn  Property Taxes - on due date

Address or Account: \_\_\_\_\_  Water  Lawn  Property Taxes - on due date

Address or Account: \_\_\_\_\_  Water  Lawn  Property Taxes - on due date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date