



ACH Authorization/Stop Form

101 E Main St, PO Box 826, Forney Texas 75126

Office: 972-564-7304 Fax: 972-552-1028

Email: Ubquestions@cityofforney.org

Today's Date: _____ Account #: _____

Service Address: _____

Authorization

I (We) hereby request and authorize the City of Forney (The Company) to initiate entries to my checking/savings account(s) at the financial institution listed below (The Financial Institution) and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution has reasonable opportunity to act on it.

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Please include copy of driver's license. Not VALID without signature.

Signature: _____ Effective Date: _____

Stop

I hereby request and authorize the City of Forney to stop the automatic bank draft for payment of my utility bill.

Please include copy of driver's license. Not VALID without signature.

Signature: _____ Effective Date: _____

Please attach voided check here