

# City of Davis



## City of Davis ACH Authorization Agreement

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I hereby authorize the Davis Municipal Authority to initiate automatic debits via ACH to my account at the financial institution named below. I also authorize Davis Municipal Authority to make deposits to this account in the event that a debit entry is made in error. We acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Further, I agree not to hold Davis Municipal Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing any funds to my account.

This agreement will remain in effect until Davis Municipal Authority receives a written notice of cancellation from me or my financial institution as to afford Davis Municipal Authority and financial institution a reasonable opportunity to act on the written notice.

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**Name of Financial Institution:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Checking:** \_\_\_\_\_ **Savings:** \_\_\_\_\_

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**Account Name:** \_\_\_\_\_ **DMA Acct #:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach a voided check and return this form to the Davis Municipal Authority.

**ATTACH CHECK HERE**