

# City of Dearborn Finance Department

## Authorization Agreement for Direct Deposits (ACH Credits)

For payments from City of Dearborn

Please Print Clearly

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (we) hereby authorize City of Dearborn to initiate credit entries to my (our) corporate/business checking/savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit 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.

Bank Depository Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Email Address for  
Remittance Information \_\_\_\_\_  
Name and Phone Number \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill out this form completely and mail, fax, or email back to:

**City of Dearborn • PO Box 4269 • DEARBORN, MICHIGAN 48126**

**• Phone (313) 943-2175 • FAX (313) 943-2148 • [ap@ci.dearborn.mi.us](mailto:ap@ci.dearborn.mi.us)**