



CITY OF MARFA
P. O. BOX 787 or 113 S. HIGHLAND STREET
MARFA, TEXAS 79843
432-729-4315 or FAX 432-729-3158

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) hereby authorize The City of Marfa to electronically debit my (our) account as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below.

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name _____

Routing Number _____ Account Number _____

City of Marfa Account Number _____

This recurring non-recurring transaction is to begin on _____ and occur
_____ (frequency) thereafter in the amount due on my monthly bill/statement.

This authorization will remain in full force and effect until I (we) notify The City of Marfa that I (we) wish to revoke this authorization. I (we) understand that The City of Marfa requires at least one month prior notice in order to cancel this authorization.

Date

Signature

Printed Name