

## ACH Transfer of Funds

The undersigned hereby requests and authorizes the City of Frazee to transfer funds in the following manner:

*Is this account:*

**PLEASE CHECK SAVINGS OR CHECKING:**

**SAVINGS** \_\_\_\_\_

**CHECKING** \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ROUTING # \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

**This debit transfer will be on the 28<sup>th</sup> of each month.**

\_\_\_\_\_  
Name on Account (Please Print)

\_\_\_\_\_  
Address of Account

\_\_\_\_\_  
Mailing Address If Different from above:

\_\_\_\_\_  
**Authorized By (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Email Address:

**Please attach a voided check or savings withdrawal.**

Any changes to the date, amount, or any other information must be requested in writing and received by the City of Frazee at 1 month prior to the next scheduled transfer.

ACCOUNT NUMBER: \_\_\_\_\_