

MAYOR
Jimmy Watson

CITY ATTORNEY
Bobby King

CHIEF OF OPERATIONS
Jamie Etheridge

CITY CLERK
Tammy Payton



MAYOR PRO TEM
Scarlett Milton Major

COUNCIL
David Clark
Eric Cook
Gary Griffin
Scarlett Milton Major
Richard Wales

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Name on City of Walker Account: _____

City of Walker Account Number: _____

Service Address: _____

I (we) hereby authorize the City of Walker hereinafter called CITY, to initiate debit entries to my (our) **CHECKING** **SAVINGS** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the originator of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING #: _____ ACCOUNT # _____
(First 9 numbers, usually between : :)

NAME ON BANK ACCOUNT: _____
(Please Print)

I understand that my account will be drafted on or after the due date.

This authorization is to remain in full force and effect until the CITY has received written notification from me (either of us) of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it.

SIGNED: _____ DATE: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE PROVIDE VOIDED CHECK WITH THIS APPLICATION

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