

Retiree Insurance Premiums
Authorization Agreement for Direct Payments (ACH Debits)



City of Arlington – Human Resources
101 S. Mesquite St., #790
Arlington TX 76010
817-459-6869
Fax: 817-459-6846

I (we) hereby authorize City of Arlington to initiate debit entries from my (our) Checking Account or Savings Account (*select one*) indicated below at the depository financial institution named below (DEPOSITORY). I (we) agree that the origination of ACH transactions authorized herein shall comply with all applicable U.S. law.

Financial Institution: _____

Routing Number: _____

Account Number: _____

Payment Amount: _____ Effective: _____ / _____
month year

This authorization is to remain in full force and effect until City of Arlington has received written notification from me (or either of us) of its termination.

Name(s): _____
please print

Address: _____

Signature(s): _____

Date: _____

NOTES:

- Payment will start on the first of the month following receipt of this form.
- A copy of your **voided check must be attached.**