



CITY OF QUINCY
DIRECT PAY REGISTRATION FORM

I/we hereby authorize the City of Quincy to debit my/our account on a monthly or quarterly basis for my/our City of Quincy payment. I/we understand that I/we remain subject to all terms and conditions of the City of Quincy service and the City of Quincy or I/we can cancel this agreement at any time.

I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

PLEASE PRINT

Customer Name(s): _____

Service Address: _____
(City) (State) (Zip Code)

Daytime Phone #: _____

Signature: _____ Date: _____

(Please attach a **voided or cancelled check** from the account to be debited)

This authority is to remain in full force and effect until the City of Quincy has received written notification from me/us of its termination in such time and in such manner as to afford the City of Quincy and financial institution a reasonable opportunity to act on it.

Bank _____

City _____ State _____ Zip _____

Account Number _____

Transit/ABA Number _____

Amount to be withdrawn \$ _____ Date to be Withdrawn: _____

FOR OFFICE USE ONLY