



City of Muskegon

ACH Payment Agreement Form

Authorization Agreement

Name of Your Company: _____

We hereby authorize the **City of Muskegon** to initiate automatic deposits to our account at the financial institution named below.

This agreement will remain in effect until **City of Muskegon** receives a written notice of cancellation from us or our financial institution.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Contact Phone Number: _____ Ext: _____

Email Addresses for Remittance Advice
(Up to 2 email addresses may be
specified): _____

Completed form should be faxed to 231.726.2325 or emailed to finance@shorelinecity.com