

FINANCE DEPARTMENT



CITY SERVICES
120 MAIN STREET
NORTH LITTLE ROCK, ARKANSAS 72114

DEBBIE PHARR
Payroll Manager

PHONE: (501) 975-8804
FAX: (501) 975-8818
E-mail: dpharr@nlr.ar.gov

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize The City of North Little Rock hereinafter called COMPANY, to initiate credit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I also authorize COMPANY to, in the event of erroneously originate credit entries, and originate debit entries to such accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PRIMARY ACCOUNT: _____ SECONDARY ACCOUNT: _____

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Account: ___ Checking ___ Savings

Whole Check: ___ Flat Amount: ___ Remaining Amount: ___

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Individual ID Number)

(Date)

**ATTACH A VOIDED CHECK
IN THIS SPACE**

We must have a voided check – do not send a deposit slip.