



MAYOR
Ken Ritter

CHIEF ADMINISTRATIVE OFFICER
Sally M. Angers

CITY CLERK
Nicole Guidry

City of Youngsville
P.O. Box 592
305 Iberia Street
Youngsville, LA 70592
(337) 856-4181 * Fax (337) 856-8863

CITY COUNCIL
Kayla Menard Reaux
Lindy Bolgiano
Matt Romero
Kenneth Stansbury
Shannon D. Bares

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of Youngsville to initiate debit entries to my (our) checking/savings account indicated below in payment of my scheduled utilities/garbage collection service, and the depository name below to debit the same to such account.

BANK NAME: _____

BANK ROUTING #: _____ BANK ACCOUNT #: _____

This authority is to remain in full force and effect until the City of Youngsville has received written notification from me (us) of its termination.

CUSTOMER NAME: (Please print) _____

ADDRESS: _____

CITY OF YOUNGSSVILLE ACCOUNT #: _____

SIGNATURE: _____

DATE: _____

*This may take up to thirty days to take effect. Your account will be drafted on the 27th day of every month.

WHEN RETURNING AGREEMENT, PLEASE PROVIDE A COPY OF A VOIDED CHECK.