



**City of Battlefield**  
5434 S. Tower Drive  
Battlefield, Missouri 65619  
(417) 883-5840 phone  
(417) 883-8189 fax  
[www.battlefieldmo.org](http://www.battlefieldmo.org)

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**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I \_\_\_\_\_, authorize hereinafter the City of Battlefield, to debit entries to my account indicated below and the Financial Institution named below, hereinafter Guaranty Bank, to debit same to such account on the 1<sup>st</sup> of each month, the full amount owed. I acknowledge the origination of ACH transactions to my account must comply with the provisions of US law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City-State)

\_\_\_\_\_  
(Zip)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

