Retiree Insurance Premiums
Authorization Agreement for Direct Payments (ACH Debits)

City of Arlington – Human Resources
101 S. Mesquite St., #790
Arlington TX 76010
817-459-6869
Fax: 817-459-6846

I (we) hereby authorize City of Arlington to initiate debit entries from my (our) ☐ Checking Account or ☐ Savings Account (*select one*) indicated below at the depository financial institution named below (DEPOSITORY). I (we) agree that the origination of ACH transactions authorized herein shall comply with all applicable U.S. law.

Financial Institution: _____

Routing Number: _____

Account Number: _____

Payment Amount: _____ Effective: _____ / _____
month *year*

This authorization is to remain in full force and effect until City of Arlington has received written notification from me (or either of us) of its termination.

Name(s): _____
please print

Address: _____

Signature(s): _____

Date: _____

NOTES:

- Payment will start on the first of the month following receipt of this form.
- A copy of your **voided check must be attached**.