

ACH Transfer of Funds

The undersigned hereby requests and authorizes the City of Frazee to transfer funds in the following manner:

From: SAVINGS / CHECKING account (please circle)

_____ at _____ (Bank Name),

RT # _____,

This debit transfer will be on the 28th of each month.

Authorized By

Date

Email Address: _____

Please attach a voided check or savings withdrawal. Any changes to the date, amount, or any other information must be requested in writing and received by the City of Frazee at least three business days prior to the next scheduled transfer.