

## ACH Authorization Agreement (Debits)

### Customer Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Bank Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking    Savings

### Payment Information

Effective Date: \_\_\_\_\_

Date payment to be deducted:   10th \_\_\_\_\_      20th \_\_\_\_\_

**Payments will be deducted by the city on or around the 10th or the 20th of each month.  
All payments need to be made before the 28th of the month.**

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Water account # \_\_\_\_\_

**(must be included)**

I hereby authorize the City of Martensdale, hereinafter called COMPANY, to initiate debit entries to my account as stated above. I further authorize Company to initiate adjustment entries for any entries made in error to such account. I acknowledge the authority will remain in full force and effect until I have cancelled it in writing and in such time, and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note: Please attach a voided check with this authorization for verification purposes.**

#### **Authorization to terminate ACH payments: (resident please sign below)**

If termination is received fewer than three business days before the date of the next scheduled transfer, I understand that the Bank may not be able to stop the transfer.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date