

ACH Authorization Agreement (Debits)

Customer Information

Last Name: _____

Address: _____

Phone: _____

Email: _____

Bank Information

First Name: _____

City, State: _____

Account Number: _____

Routing Number: _____

Checking Savings

Payment Information

Effective Date _____

Payments will be deducted by the City on or around the 10th, 20th, and 28th of each month.

All payments will 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