

ACH Authorization Agreement (Debits)

Customer Information

Name: _____

Address: _____

Phone: _____

Bank Information

Name: _____

City, State: _____

Account Number: _____

Routing Number: _____

Checking Savings

Payment Information

Effective Date _____

Amount: _____

Frequency: _____

Water Account #: _____

(Must be included)

Payments will be taken out on the 10th or 20th of each month (please mark your preference).

I hereby authorize _____, 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:

I _____ hereby **Revoke my Authorization** for the charges/debits to the account. I understand that my right to revoke authorization exists only as long as I request and deliver this written notice at least **5** days prior to the scheduled settlement date to:

City of Martensdale
380 Iowa Ave., P.O. Box 109
Martensdale, IA 50160

Authorized Signer

Date