



ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

It's convenient (saving you time and postage)

Your payment will always be on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled debits to your checking account. Your account will be debited the amount indicated on your billing statement.

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

Please complete the information below:

CUSTOMER# _____

I _____
(full name) authorize the **City of Prinsburg** to debit the bank account indicated below on or around the **1st** of each month for my payment obligations.

Billing Address _____ **Phone Number** _____
City, State, Zip _____ **Email:** _____

Account Type: Checking Savings

Name on Acct: _____

CONSUMER

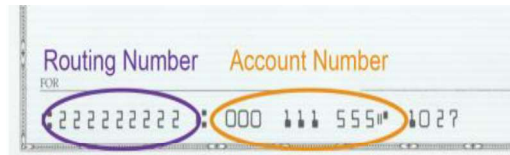
BUSINESS

Bank Name: _____

Bank City, State, Zip: _____

Routing No.: _____

Account No.: _____



SIGNATURE _____ DATE _____

I (we) agree to have funds available in my (our) account on the designated date(s) to effect this transfer.

In the case of the payment being rejected for Non-Sufficient Funds (NSF) I agree to an additional \$15 charge, which will be added to my account and processes the next billing cycle. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The City of Prinsburgs billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Debit(s) will begin on: _____

I hereby revoke the above authorization effective **Date:** ____/____/20____

Signature: _____