City of Au Gres

Automated Payment Authorization (ACH)

I, _____, hereby authorize the City of Au Gres, hereinafter referred to as Company, to make withdrawals from the account identified below at Financial Institution, hereinafter referred to as Depository, and Authorize the depository to change such withdrawals to my listed account. I also authorize Company to make an adjustment transaction to this account only in the event that an error has been made. I acknowledge the origination of ACH transactions to my account must comply with the provisions of the U.S. Law. I request the debit entries to occur in the following manner.

Utility Bill

☐ Withdraw ***FULL*** utility bill amount Bi-Monthly, on the 15th day of the month beginning on_____(date)

Taxes

☐ Withdraw ***FULL*** summer tax amount, on the 1st of _____month beginning on_____(date)

☐ Withdraw ***FULL*** winter tax amount, on the 1st of _____ month, beginning on _____ (date)

Customer Name: _____

Customer Address: _____ City, State, ZIP: _____

Email Address: _____Phone Number: _____

Depository Name: _____

Checking ☐ Savings ☐

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I agree to an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.

Signed: _____**Date**: _____

ATTACH VOIDED CHECK OR BANK VERIFICATION LETTER HERE

If you do not have checks, please contact your bank for account verification and attach in place of voided check.