

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

(Please print or type all information)

| ACCOUNT INFORMATION | | | | |
|---|--|----------------------|---------------------------------|------------------------|
| CITY ACCOUNT NUMBER | NAME (as listed of | n account) | | |
| | | | | |
| SECTION A: ENROLLMENT | | | | |
| I hereby authorize the CITY OF CHE beginning, to debit the same to such account: | | | | |
| Type of Account (Circle One) | ECKING | SAVINGS | | |
| Bank Name: | Bank R | outing Number: _ | | |
| Bank Account Number: | | _ | (9-Digit Number) | |
| This authority is to remain in full force of its termination, in such time and in I recognize that I must notify the City account prior to the agreed upon month. | such manner as to affor of Cherryvale of any ch | d the City of Cherry | yvale and Depository a reasonab | ole time to act on it. |
| Signature | | Date | | |
| If authorizing a checking account, a account, attach a copy of a deposit | | | completed form. If authoriz | ing a savings |
| SECTION B: CANCELLATION (Complete this section to cancel the AC I hereby cancel the authorization f Cherryvale utility bill from my check | or the CITY OF CHER | | | |
| Signature | | Date | | |

Direct Payments (ACH Debits) Procedures

- The customer completes the authorization agreement form to authorize the ACH Debit for the utility bill balance.
- The customer should return the completed form to the Deputy City Clerk and keep a copy for their records.
- The original form will be retained in the City Clerk's Office files in accordance with the City's record retention schedule.
- If authorizing a checking account, attach a copy of a voided check to the completed form. If authorizing a savings account, attach a copy of a deposit slip to the completed form.
- Requests or cancellations scheduled for the 10th must be received no later than the 1st of that month.
- Payment reversals due to insufficient funds will be treated as an insufficient fund check. The customer will be notified to make cash payment in the amount of the reversed debit plus a \$30.00 service charge by 5:00 of that day or be subject to disconnect. The account will immediately be removed from the ACH debit program and the residents will not be eligible for participation in the program for 12 months. Future payments on the account must be made by cash, check or money order. .