



## City of Twin Valley ACH Payment Authorization Form

**Note:** You must provide notification at least 10 days prior to the ACH date of any changes to your account information.

I \_\_\_\_\_(we) hereby authorize the City of Twin Valley, to initiate withdrawals from my (our) financial institution named in this application for payment of my monthly utility bill on or around the 10<sup>th</sup> of each month and authorized the named financial institution to charge such withdrawals to my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) understand the City of Twin Valley will impose a \$35.00 processing fee and an immediate disconnect if the draft is not paid by my bank due to insufficient funds or my account being closed.

**Billing Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Utility Acct(s)#:** \_\_\_\_\_ **Debit(s) will begin on:** \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking (voided Check)	<input type="checkbox"/> Savings
Name on Acct: _____	<input type="checkbox"/> CONSUMER
Bank Name: _____	<input type="checkbox"/> BUSINESS
Bank City, State, Zip: _____	
Routing No: _____	
Account No: _____	

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This is the bank's routing number. This is your checking account number.

This authorization is to remain in full force and effect until the City of Twin Valley has received written notification from me (or either of us) of its termination in such time and such manner as to afford the City of Twin Valley a reasonable opportunity to act on it.

I (we) understand that The City of Twin Valley can and will terminate said agreement due to multiple account issues. (Examples: more than two NSF's, multiple inactive to active ACH status, possible fraud.)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_