



Recurring ACH Payment Authorization

Please complete, sign, date and return.

City Hall: 112 King Street South Backus, MN 56435 (24-hr lockbox onsite)

Mail to: PO Box 44 Backus, MN 56435

Email to: clerk@cityofbackusmn.gov

I (Full Name) _____ authorize the City of Backus to debit my account **on or around the 15th of each month for the amount due on my utility bill, which may vary from month to month based on usage, applicable late fees, and any other charges incurred on my account, along with a service fee of \$0.50 plus 1% processing fee.** A receipt will be provided to me at the email listed below and the charge will appear on my bank statement as an "ACH Debit." I understand that if no email is provided, no receipt will be sent.

Customer Info: Name on Account: _____

Service Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Account Information: Bank Name: _____ Account Type: Checking Savings

Routing Number (9 digits): _____ Account Number: _____

By signing and submitting this document I understand that:

- The payment amount may vary each month depending on my current billing statement, which includes charges for water, sewer, or other services, as well as any late fees, penalties, or additional fees incurred on my account.
- A service fee of \$0.50 per transaction and a processing fee of 1% (of the total payment amount) will be added to each transaction. These fees are retained by the processing company and are not applied toward my utility bill balance.
- The total debit to my account will include my monthly bill amount plus applicable service and processing fees.
- No prior authorization will be provided and that the debit will occur on or about the 15th day of each month (or the next business day) following issuance of my monthly bill.
- I will continue to receive a bill indicating the total amount due.
- Returned payments are subject to a \$30 NSF fee from the city, an NSF fee equal to the **actual fee assessed to the City by its financial institution, plus a \$5 administrative fee** assessed by the utility billing system. These charges are the responsibility of the account holder and will be added to the utility account balance. ***This authorization is effective immediately and will remain in effect until I notify the City of Backus in writing at least 15 business days prior to the next scheduled payment to cancel or make changes to this agreement.***

(Print) Full Name on Account: _____

Account Holder Signature: _____ Date: _____

For Office Use Only: Account #: _____ Start Date: _____ Date Entered: _____