## **CITY OF LOWELL**

## AUTHORIZATION AGREEMENT ACH PREAUTHORIZATION PAYMENTS (DEBITS)

I hereby authorize THE CITY OF LOWELL to credit, which are necessary for corrections the financial institution named below to cr	s, to my Checking 🔲 or Sa	vings account indicated below and
the imaneral institution named selow to di	care (or desiry the same to	such decoding.
Financial Institution Name	City	State
Transit/Routing Number		Account Number
ACH draft form at City Hall stating that City of Lowell to act on my notification	I no longer desire this servion. I also understand that if co	ete and turn in a Voluntary Termination ice, also allowing reasonable time for the orrections in the debit amount are ility account only. No checks are issued at
I understand my drafts will not end untwater account with the City of Lowell.	til my final bill has been pro	ocessed if I am closing out my current
I understand my draft amount is control draft amount will not necessarily be the rate increase. Also, if a leak goes unnot that the City of Lowell is not responsible financial institution. During the next met account after I have met all leak adjust	ne same each month due to ticed by me and the City of le for an overdraft on my ac nonth's billing cycle any pote	either more water used or a potential Lowell prior to the draft, I understand count or penalties incurred by my
I understand if my draft utility paymen responsible for the full amount of my uservice interrupted.		n I will be charged a late fee and will be vithin ten days in order to not have my
**** YOUR ACCOUNT WILL BE DRA	FTED BETWEEN THE 12	th AND 17th OF EVERY MONTH ****
Name:		
Phone:	Email:	
Lowell Utility Acct #:		
Signature	Date	
*** PLEASE ATTACH A VOIDED CHECK ***		