AUTHORIZATION FOR WITHDRAWALS (ACH DEBITS)

I hereby authorize the City of New Buffalo to make withdrawals from the account identified below for the purpose indicated and authorize the financial institution to charge such withdrawals to my listed account. I also authorize the City of New Buffalo to make credits from this account in the event that an entry is made in error. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Purpose: City of New Buffalo Water and Sewer Bill

Name of Financial Institution: _____

Routing Number (9 digits): ____ ____ ____ ____ ____ ____ ____ ____ ____

Account Number: _____

Type of Account (circle one): Checking Savings

I authorize payment to be made bi-monthly, on or near the last business day of the month beginning on _____ (date)

This authority is to remain in full force and effect until the City of New Buffalo has received written notification from the account holder of its termination in such time and in such manner as to afford the City of New Buffalo and the financial institution a reasonable opportunity to act.

****CANCELLATION OF THIS ACH DEBIT REQUIRES A THIRTY (30) DAY NOTICE****

Authorizing Party:

Name: _____

SERVICE Address: _____

Phone Number:_____

Option to receive via email
Email Address:_____

I authorize the City of New Buffalo to initiate ACH debit or credit entries to the external account I have listed. I certify I am the owner or authorized on the external account with unlimited withdrawal or deposit rights on the depository's records, to originate transfers to or from the account. I acknowledge that the transactions must comply with the provisions of US law. I will notify the City if the account is closed or my withdrawal rights are limited or removed. The intent is to have the offsetting entry for these transfers to be charged/deposited to my account maintained at the above listed financial institution.

Signed:_____

Date:_____ ****Please attach a voided check****