

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: City of North Newton

FEDERAL ID NUMBER: 48-0697939

I hereby authorize the City of North Newton, hereinafter called COMPANY, to initiate a monthly debit in the amount of my City of North Newton utility bill to my account indicated below and the DEPOSITORY named below to debit the same to such account:

TYPE OF ACCOUNT (CIRCLE ONE): CHECKING SAVINGS

DEPOSITORY (BANK) NAME _____ PHONE NO. _____

BANK ADDRESS _____ CITY _____ ST _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

READ AND INITIAL EACH OF THE FOLLOWING:

I understand that there may be a one month delay before the first monthly debit occurs in order to test proper routing (also known as a pre-authorization period).

I understand my account will be debited on approximately the 15TH of each month.

I recognize that adequate funds must be available in my account for proper debiting.

I understand that a fee of \$20 will be applied to my utility account if the COMPANY is notified of non-sufficient funds in my bank account to cover the ACH debit.

I recognize that I must notify the COMPANY of any change in banks or accounts to insure proper and timely transactions.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) ON UTILITY ACCT _____

UTILITY ACCT # _____ DATE _____

PHONE NUMBERS _____

SIGNATURE _____

FOR OFFICE USE: Entered in Billing Software _____; Pre-Authorization date _____; User Defined Checkbox _____;

First actual ACH date _____; Filed _____

AUTHORIZATION FOR CANCELLATION OF DIRECT PAYMENTS (ACH DEBITS)

Complete this section to cancel the ACH Debit Authorization.

I hereby cancel the authorization for the CITY OF NORTH NEWTON to initiate a monthly debit in the amount of my CITY OF NORTH NEWTON utility bill from my checking/savings account.

EFFECTIVE DATE _____ UTILITY ACCT # _____

SIGNATURE _____ DATE _____

FOR OFFICE USE: Removed from Billing Software _____