



## AUTHORIZED AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

CUSTOMER NAME \_\_\_\_\_ WATER ACCT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

I (we) hereby authorize **THE CITY OF FESTUS**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Checking/Savings account indicated below and further authorize the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

DATE FOR DEBIT TO OCCUR **14<sup>th</sup> of Each Month**      Checking \_\_\_\_\_ Savings \_\_\_\_\_

**After applying, a pre-notification will be done to verify your bank account information before it goes live. This is done monthly so depending on when we receive your application you might have to arrange payment for an additional month until this process has completed. Once the pre-notification is completed, the following month and every month thereafter, until further notice, will start the direct debits (utility bill will state "Auto Draft").**

This authority is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) 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) \_\_\_\_\_ S.S.N. \_\_\_\_\_

NAME(S) \_\_\_\_\_ S.S.N. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FURNISH A **VOIDED CHECK** FOR VERIFICATION OF ROUTING/CHECKING ACCOUNT NUMBER. FORMS SHOULD BE HAND DELIVERED TO CITY HALL OR MAILED IN A SEALED ENVELOPE!