Debit Authorization Form - For Consumer ACH Debits

I/We authorize the City of Hampton, hereinafter called City, to electronically debit my/our account and, if necessary, electronically credit my/our account to correct erroneous debits for:

____ Recurring entries (that recur monthly without my affirmative action to initiate future entries)

as follows:

__ Checking __ Savings (select one) at the depository financial institution named below. I/we agree that ACH transactions I/we authorize comply with all applicable laws.

Financial Institution Name _____

Routing Number _____ Account Number_____

This authorization is for the purpose of paying my/our utility account on a monthly basis and I/we understand that the amounts may vary based on usage.

I/we understand that this authorization will remain in full force and effect until I/we notify the City that I/we wish to revoke this authorization. Revocation may be by phone to 641-456-4853; in person at 122 1st Ave NW; or in writing to 122 1st Avenue NW, Hampton, IA 50441. I/we understand that the City requires at least six (6) days prior notice in order to cancel this authorization. A separate form needs to be filled out and signed for additional properties and/or account changes.

I/we understand that non-sufficient funds or closed account status for the above-listed bank account at the time of scheduled debit may result in termination of this agreement with the City. I/we further acknowledge that this would result in a service charge being assessed to me and I/we may be subject to disconnection of utilities if payment of the account balance and service charge are not paid in full as required.

Water Account Number _____

Property Address _____

Printed Name(s) _____

Signature _____ Date _____