

City of Clinton

Debit Authorization

I (we) hereby authorize CITY OF CLINTON, hereinafter called COMPANY to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for sewer, garbage, and recycling bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(City)

(State)

(Zip Code)

(Routing Number 9 Digits) _____ Type of Account: _____ Checking _____ Saving

(Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Customer Name- Please Print)

(Signature)

(Customer Phone Number)

(City Account # / Service Address)

(Date)

PLEASE ATTACH A COPY OF A VOIDED CHECK

The completed form must be received by the Finance Department no less than 14 business days prior to due date of the bill.

A total of three NSF returns will result in loss of ACH privileges and will require payments to be made in cash, money order, or certified bank check.

For Promise to Pay please state what date or Friday you are wanting your ACH payment taken out/ the amount.

(The 1st, 5th, 15th, end of the month, or any Friday)
