



ACH Recurring Debit Authorization Form

CITY OF DONNELLY WATER/SEWER/TRASH PAYMENTS

I (we) hereby authorize the CITY OF DONNELLY hereinafter called the CITY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY. Furthermore, you certify that the following transaction does not violate any U.S. Laws & is within the rules & regulations of NACHA.

Depository Name: _____

Routing Number: _____

Account Number: _____ (Circle One) **Checking / Savings**

Amount: _____ (Circle One) **Set Amount / Balance Due**

Number of Payments: _____ (payments will be withdrawn due date of billing)

This Authorization is to remain in full force and effect for the number of payments authorized above or until the CITY has received written notification from me (or us) of its termination, in such time and such manner as to afford COMPANY a reasonable opportunity to act on it.

Print Name: _____

Signature: _____

Date: _____ **Acct. #:** _____

Street Address: _____

Email Address: _____