



## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (we) authorize **Town Of Thatcher (COMPANY)** to electronically debit my (our) account, and if necessary, electronically credit my (our) account to correct erroneous debits, as follows:

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

\_\_\_\_\_  
NAME ON UTILITY ACCOUNT

\_\_\_\_\_  
UTILITY ACCOUNT NUMBER

\_\_\_\_\_  
DEPOSITORY (BANK) NAME

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
BANK ACCOUNT NUMBER

**A copy of a voided check is required to verify the above information.**

Amount of debit(s) or method of determining amount of debit(s): Balance of monthly bill

Date(s) and/or frequency of debit(s): **15<sup>th</sup> of each month – if date falls on weekend or holiday the following working day**

I (we) understand that this authorization will remain in full force and effect until I (we) notify the COMPANY that I (we) wish to revoke this authorization. I (we) understand that notification of the final bill payment must be specified when disconnecting services. I (we) understand that COMPANY requires at least 5 days before the 15<sup>th</sup> of each month prior notice in order to cancel this authorization.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

OFFICE USE ONLY

Date Entered \_\_\_\_\_ Office Staff \_\_\_\_\_