

AUTHORIZATION AGREEMENT FOR AUTOMATIC WATER/SEWER BILL PAYMENTS (ACH DEBIT)

Customer Name _____ **Customer Account #** _____

Last four digits of SSN _____ **Month to start** _____

I (we) hereby authorize the City of New Carlisle, hereinafter called the CITY, 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 (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. **Attach voided check for verification of all financial institution information**

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Bank Account number _____

This authorization shall remain in effect unless and until revoked in writing by the Customer and until DEPOSITORY and the CITY have each received such notice and have had reasonable time to act upon such notice. If the account is closed, the final bill will be taken out ONE week from the closing date.

If a payment is not made due to insufficient funds, the normal penalty will apply and normal shut off procedures.

Customer Signature _____ **Date** _____