



# CITY OF MONMOUTH

## AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) FOR UTILITY ACCOUNTS

I hereby authorize the City of Monmouth to initiate debit entries to my account as indicated below. The purpose of this debit to my account is to satisfy the entire outstanding balance for utility services and any related fees, each month for the address indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

### Checking Account Information:

Depository Name (Bank): \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

\* \* \* \* \* PLEASE CONTACT YOUR BANK FOR YOUR ROUTING NUMBER \* \* \* \* \*

**Deductions from the depository account will occur between the 13th and 15th of each month depending on how the calendar lands.** I understand that if my transaction is rejected for any reason (insufficient funds, account closed, bank error, etc.), other than a City for Monmouth error, my account will be charged a processing fee. The rejected ACH transaction will not be reprocessed for that month. A letter of notification will be generated and payment for that billing period will be required to be made at City Hall by cash or money order. If two rejections occur within a twelve month period, I understand that the City of Monmouth may choose to terminate this agreement. If this occurs a written notification will be sent to the address noted below.

This authorization is to remain in effect until the City of Monmouth has received written notification from me or its termination. This must be made in a timely manner to allow the City of Monmouth and the Depository a reasonable opportunity to act on such notice.

Utility address for account credit: \_\_\_\_\_

Utility account #: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**\* PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION \***