



## ACH BANK DRAFT PAYMENT AUTHORIZATION

### Customer Information

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_ ADDITIONAL NUMBER: \_\_\_\_\_  
SERVICE ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

BANK NAME: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
ACCOUNT TYPE: \_\_\_\_\_ Checking \_\_\_\_\_ Savings  
NAME ON ACCOUNT: \_\_\_\_\_  
BANK ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

*I certify that the information provided above is true and correct, and that I am the owner and/or authorized signer of the account provided for ACH transactions.*

*I authorized the City of Kevil to deduct my utility payments from this bank account via Electronic Funds Transfer. I understand payments will come out of my account on the 10<sup>th</sup> of each month and if the 10<sup>th</sup> falls on the weekend or a holiday my payment will be deducted from my account on the Friday before or the following Monday. I understand that if the funds are not available at the time of the transfer, I am responsible for making the utility payment using another method and I will be charged a \$25.00 returned payment fee.*

I understand I can cancel the Electronic Fund Transaction at any time by sending a written notification to the City of Kevil.

The City of Kevil reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name: \_\_\_\_\_

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

#### OFFICE USE ONLY:

Water Account Number: \_\_\_\_\_

Date Entered to Bank: \_\_\_\_\_ Date Entered into Water System: \_\_\_\_\_

Signature of Clerk when entered: \_\_\_\_\_