

RECURRING ACH PAYMENT AUTHORIZATION

You authorize regularly scheduled charges to your checking/savings account. You will be charged the "Total Due" amount on your bill each billing period. You agree that no prior notification will be provided unless the date changes, in which case you will receive notice from the Town of Trappe at least ten (10) days prior to the payment being collected.

I _____ authorize the Town of Trappe, Inc. to charge my bank account
(full name)

indicated below for the "Total Due" amount on my bill on the 28th of each month.

This payment is for my monthly water and sewer bill.

Billing Information

Account # _____ Service Address _____

Billing Address _____ Phone _____

City, State, Zip _____ E-Mail _____

Bank Details

___ Checking ___ Savings

Account Name _____ Bank Name _____

Account Number _____ Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the Town of Trappe in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above note payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that the Town of Trappe may at its discretion attempt to process the charge again within thirty (30) days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this Authorization Form.

SIGNATURE _____ DATE _____

(account holder's signature)