

City of Underwood
PO Box 168
Underwood, ND 58576
442-5481

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: _____

I (we) hereby authorize the City of Underwood, to initiate debit entries to my (our)

(select one) ☐ Checking Account or ☐ Savings Account

indicated below at the depository financial institution named below. Hereinafter called DEPOSITORY, and to debit the same to such account approximately the 10th of every month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _ _ _ _ _

Checking Account #: _____ or Savings Account #: _____

This authorization is to remain in full force and effect until the City of Underwood has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Underwood and DEPOSITORY a reasonable opportunity to act on it.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that City of Underwood may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Name(s): _____ Utility Account #: _____

Signature: _____

Date: _____

Bank Name and Address

My Name My Address My City, State, & Zip	101 50-9999/9999 1 20 Pay to the order of _____ \$ _____ Dollars
The Bank Name Bank Address	101
It 123456789 It	12 34567890 II*

9 Digit Bank Routing Number Your Account Number

Do not include
check number

Office Use Only: ACH SETUP COMPLETED: _____ DATE: _____