



## ACH Recurring Debit Authorization Form

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Company Name: CITY OF DONNELLY WATER/SEWER/TRASH PAYMENT

I (we) hereby authorize **CITY OF DONNELLY** hereinafter called the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY. Furthermore, you certify that the following transaction does not violate any U.S. Laws & is within the rules & regulations of NACHA.

**Depository Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ (Circle One)    Checking    /    Savings

**Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:** \_\_\_\_\_

**Date(s) and/or frequency of debit(s):** \_\_\_\_\_

**Number of Payments:** \_\_\_\_\_

I (we) understand this authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires a reasonable amount of time (at least 3 days prior to effective date) in order to cancel this authorization.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE DEBTOR MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**