



City of Adrian / Adrian Public Utilities

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

For: Automatic Customer Payment

Account Name _____ Account Number _____
 Account Address _____

I (we) hereby authorize the City of Adrian / Adrian Public Utilities, hereinafter called the CITY, to initiate debit entries to my (our) savings / checking or other account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account each month equal to the amount of my (our) monthly utility bill. And, if necessary, to credit my (our) account to correct erroneous debits

I (we) agree to have available funds in my (our) bank account on the designated date (9th or 14th) to affect these monthly transfers/payments

I (we) understand the debited amount will fluctuate from month to month, as the amount of our Utility Bill fluctuates.

I (we) agree to pay any applicable fees for this service as disclosed in my (our) financial institution's fee schedule

I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Savings Account / Checking Account / Other (Circle One)

Depository Name _____ Address _____
 City _____ State _____ Zip _____
 Routing Number _____ Account Number _____

Please provide a voided check or deposit slip showing the accurate routing number and account number

You must indicate on which day of the month auto payment should be made; [] 9th [] 14th

I am an authorized signer, or otherwise have the authority to act, on the account identified in this authorization.

I (we) understand that this authorization is to remain in full force and effect until the CITY 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 and the DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____

Date _____ Signature _____

**NOTE: CUSTOMERS MAY ONLY REVOKE THIS AUTHORIZATION BY CONTACTING THE CITY / PUC IN WRITING
 LIKEWISE, CUSTOMER DEBIT INFORMATION CAN ONLY BE CHANGED BY THE CUSTOMER IN WRITING**

Please call the City / PUC Offices if you need assistance with this form. (507-483-2849)