

Checking Account #:

City of Blanchard Authorization Agreement for Direct Payment (ACH DEBITS) For Utility Accounts

Saving Account #:

I hereby authorize the City of Blanchard to initiate debit entries to my account as indicated below. The purpose of this debit is to satisfy the entire outstanding balance for utility service and any related fees each month for the service address indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United State Law.

| Financial Institution Name: | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: | | |
| City: | State: | Zip: |
| Routing Number: | | Account Number: |
| on how the calendar falls. funds, account closed, bank e \$25.00 return item fee. Rejectash or money order at City period will include the \$25.0 | I understand that if error, etc.), other than exted ACH transactions Hall. A letter of no 0 return item fee. If the Blanchard may choos | ur between 15 th and the 18 th of each month depending my transaction is rejected for any reason (insufficient the City of Blanchard error, my account will be charged a will not be reprocessed for that month and must be paid tification will be generated and payment for that billing wo rejections occur within a twelve (12) month period, I e to terminate this agreement. If this occurs, a writtened below. |
| its termination. Written notif | ications must be made | ity of Blanchard receives written notification from me of e at least seven (7) business days prior to the 15 th to allow a reasonable opportunity to act on such notice. |
| Name (printed): | | |
| Utility address for the account | t: | |
| Mailing Address (if different from | n utility address): | |
| Phone Number: | | |
| Signature: | Janes Tours aroun Names in House | Date: |
| | lease Type your Name in lieu | |
| | | CHECK TO THE AUTHORIZATION |
| | | e Use Only********************* |
| Date Opened: | Utility Ac | ecount Number: |
| | | |

Bank Number (If New Bank):