



CITY OF HARRISONBURG
ACH / EFT AUTHORIZATION AGREEMENT
2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax
Waterservice@harrisonburgva.gov

** FOR OFFICE USE ONLY** CID#: _____ UTILITY ACCOUNT#: _____ ENTERED BY: _____ APPROVED BY: _____
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I (we) hereby authorize the City of Harrisonburg, Virginia, hereinafter called City, and my (our) financial institution to automatically pay my (our) monthly utility (water, sewer, refuse and solid waste management collection) bill from my (our) checking or savings account.

CUSTOMER INFORMATION

Customer's Name: _____ Utility Account #: _____

Service Address: _____

Customer's Daytime Telephone Number: _____

Billing Address: _____

Email Address: _____

CUSTOMER'S DEPOSITORY / BANK INFORMATION

Bank Name: _____

Bank Address: _____

Account Number: _____ Routing (ABA) Number: _____

Type of Account: Checking Savings

Attach a voided check and sign this form in order for the City to process your information. The City will notify you, in writing, of your Automatic Payment start date.

The City of Harrisonburg retains the right to remove a customer from the Automatic Payment Plan for just cause.

It is the customer's responsibility to assure sufficient funds at the time of withdrawal. The Utility Billing Department will make every effort to forward any information provided by your banking institution; however, we cannot guarantee advanced or delivered notice to avoid penalty or delinquencies. By authority of this form, I accept full responsibility without justification for waiver.

This authorization will remain in effect until the City has received written notification from me (us) at least ten (10) business days prior to the requested cancellation date. PLEASE NOTE AUTOMATIC PAYMENT DRAFT WILL NOT TAKE PLACE UNTIL THE SECOND BILLING.

Customer's Signature: _____ Date: _____