

# ACH AUTHORIZATION AGREEMENT

*City of Harrisonburg, Virginia*

*Automatic Payment Plan*

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. Enclosed is a voided check, for the account checked below, which contains my (our) depository's address, routing (ABA) number and my (our) account number.

## CUSTOMER INFORMATION

Customer's Name:

Utility Account #:

Service Address:

Customer's Daytime Telephone Number:

Billing Address:

## CUSTOMER'S DEPOSITORY / BANK INFORMATION

Bank Name:

Bank Address:

Account Number:

Routing (ABA) Number:

Type of Account:     Checking     Savings

Email Address:

Be sure to 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.**

**Customer's Signature:**

**Date:**