City of Carrington
PO Box 501
Carrington ND 58421
701 652-2911

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Name: _____

I (we) hereby authorize the City of Carrington, to initiate debit entries to my (our)

(select one) □ Checking Account or □ Savings Account

indicated below at the depository financial institution named below, and to debit the same to such account approximately the 20th of every month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution / Bank Name: _____

City: _____ **State:** _____ **Zip:**_____

Routing Number (9 digits): __ __ __ __ __ __ __ __ __

Checking Account #: _____ or Savings Account #: _____

This authorization is to remain in full force and effect until the City of Carrington 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 of Carrington and DEPOSITORY a reasonable opportunity to act on it.
I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that City of Carrington may at its discretion attempt to process the charge again within 30 days, and agree to an additional $25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

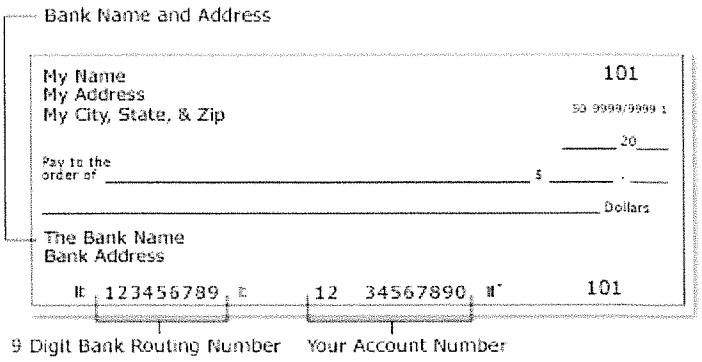
Name(s): _____ Utility Account #: _____

Signature: _____ Phone #:_____

_____ E-mail Address:_____

Date: _____ Paperless Bill: Yes _____ No _____

Please Attach
A Voided Check
Or
A Voided Deposit Slip



Office Use Only: ACH SETUP COMPLETED:_____DATE:_____