

**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 20<sup>th</sup> 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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**

Bank Name and Address

My Name	101
My Address	50-9999/9999 1
My City, State, & Zip	____ 20 ____
Pay to the order of _____	\$ _____
_____	Dollars
The Bank Name	
Bank Address	
It 123456789 It	12 34567890 It 101

9 Digit Bank Routing Number      Your Account Number

Office Use Only:      ACH SETUP COMPLETED: \_\_\_\_\_      DATE: \_\_\_\_\_