Consumer Authorization for Direct Billing

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: ☐ Begin Payment   ☐ Change Information

I (we) authorize the City of Arlington to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.
Attach voided check or fill out the information below:

Depository name: _____

Routing number: _____ **Account number**: _____

Name(s) on the account:
_____

Debit transaction frequency:

☐ **Monthly Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

I (we) understand that the monthly utility debit will occur on the 17th of each month (or the next business working day if the 17th is on a weekend or holiday).

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Arlington in writing (or personally appearing at the city office to request) that I (we) wish to revoke this authorization. I (we) understand that the City of Arlington requires at least 2 weeks prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature: _____

Date: _____ Signature: _____

CITY OF
Arlington
SOUTH DAKOTA