



AUTHORIZATION FOR WITHDRAWALS (ACH Debits)

I hereby authorize the City of New Buffalo to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account. I also authorize The City of New Buffalo to make credits from this account in the event that an entry is made in error. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Purpose: **City of New Buffalo Water and Sewer Bill**

Name of Financial Institution: _____

Routing Number (9 digits): _____

Account Number: _____

Type of account (check one): Checking Savings

I authorize payment to be made bi-monthly, on the last business day of the month beginning on _____ (date)

This authority is to remain in full force and effect until the City of New Buffalo has received written notification from me of its termination in such time and in such manner as to afford the City of New Buffalo and financial institution a reasonable opportunity to act on it. **NOTICE: Cancellation of this ACH Debit requires a minimum of 30 days notice**

Authorizing Party:

Name: _____

SERVICE Address: _____

Telephone Number: _____

I authorize the City of New Buffalo to initiate ACH debit or credit entries to the external account I have registered. I certify that I am an owner or authorized on the external account with unlimited withdrawal or deposit rights on the depository's records, to originate transfers to or from the account. I acknowledge that the transactions must comply with the provisions of the US Law. I will notify the City of New Buffalo if the account is closed or my withdrawal rights are limited or removed so it may be deleted from future use. The intent is to have the offsetting entry for these transfers to be charged/deposited to my account maintained at the above listed financial institution.

SIGN HERE _____

Date: _____

Please attach to this Authorization a voided check.