

Debit Authorization

I _____ hereby authorize City of Cheney, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for City of Cheney Municipal Utility Bill. You will be charged the amount indicated on your monthly utility bill on the 15th of each month. The charge will appear on your bank statement as "City of Cheney ACH Debit Util Bill". I acknowledge that the Origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name Branch

Address City/State Zip

Routing Number Account Number Type of Account Checking Savings

If you wish to receive your bill by an e-statement please include your email address: _____

This authority is to remain in full force and effective until City of Cheney has received written notification from me of its termination in such time and manner as to afford City of Cheney and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

If the above noted payment dates fall on a weekend or Holiday, I understand that the payments may be executed on the next business day for ACH debits to my checking/savings account. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 agree to pay, a \$35.00 insufficient check charge and understand a cash payment will be required for the month to keep utilities from being disconnected.

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Printed Individual Name

Signature

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM!