



## ACH AUTHORIZATION FORM

### CITY OF EVERGREEN UTILITIES

Name: \_\_\_\_\_ Utility Account # \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(     ) \_\_\_\_\_ Email Address: \_\_\_\_\_

*I hereby authorize **The City of Evergreen** to electronically debit the following account. I acknowledge that I am the authorized signer on this account. I understand that the account will be debited on the **10<sup>th</sup> day** of each month and that the amount will vary depending upon the amount of the then current utility bill.*

**\*Name on Utility Account must match the name on Bank Account.**

Account Type: \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

**(Please Print)**

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_



# **SIGN UP TODAY!**

**Now Accepting ACH Payments  
for Utility Billing.**

Beginning January 1<sup>st</sup>

**The City of Evergreen** will offer customers the convenience of having utility bills deducted automatically from their bank account.

## **Inquire for Details...**

**251-578-1574**

# ACH TERMS AND CONDITIONS

*Please read the following information thoroughly and carefully.*

- I authorize The City of Evergreen to make regularly scheduled charges to the bank account identified on page one (1). I understand that the financial institution that holds my Bank Account, as represented by the bank routing number, is authorized, directed and empowered to allow such electronic funds transfer to occur.
- I authorize The City of Evergreen to initiate additional ACH debit transactions to correct any erroneous payment transaction. If the payment transaction and information provided is erroneous in any way, I understand that the City of Evergreen accepts no liability for the error and is under no obligation to correct the error.
- I certify that I am an authorized signatory on the Bank Account provided. I will not dispute any payment authorized, provided the payment corresponds to the terms of my authorization.
- I understand that the autopay authorization will remain in effect until The City of Evergreen receives notice of cancellation from me **in writing** at The City of Evergreen, P.O. Box 229, Evergreen, Alabama 36401. Written notice must be received at least five (5) business days prior to the next payment due date.
- I agree to notify The City of Evergreen of any changes in the Bank Account information at least five (5) business days prior to the next scheduled payment due date.
- I understand that I may notify my financial institution that holds my Bank Account to stop any authorized payments at least three (3) business days before a scheduled payment date. I agree that if I revoke authorization for automatic recurring monthly payments or notify my financial institution to stop payment, I will be responsible for making all payments that come due under my agreement with the City of Evergreen, either by authorizing a one time ACH payment for each such payment due, or by providing a new Automatic Recurring Payment Authorization, or by paying such amount at City Hall.
- I affirm that the information provided is complete and accurate. I understand that if I dispute any transaction, the City of Evergreen will be unable to reverse it or provide a refund, so long as I have authorized the transaction.

**Customer Name** (please print): \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_