

**CITY OF LAMONT**  
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**  
**(ACH DEBITS)**

CUSTOMER Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

I hereby authorize the CITY OF LAMONT, to initiate debit entries to my

**Checking Account**       **Savings Account** (select one)

indicated below at the depository financial institution named below and to debit the same to such account.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until the CITY OF LAMONT has received written notification of its termination from me and in such time and in such manner as to afford the CITY OF LAMONT and its DEPOSITORY a reasonable opportunity to act on it or the CITY OF LAMONT terminates the agreement for consistent misuse by customer.

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

\_\_\_\_\_  
Date

**ACH DEBITS:**

- The amount of debit will be determined by the amount of the monthly utility bill mailed to the customer.
- The debit will be initiated on the 8<sup>th</sup> of the following month and may take 48 hours to be deducted from the banking account.
- If the 8<sup>th</sup> falls on a weekend, the ACH debit will be initiated on the following Monday.
- A charge of \$25.00 will be assessed for NSF, closed accounts, or any other reason the ACH draw is not honored by the customer's bank.
- A small convenience charge may apply for ACH service and added to customer's monthly utility bill. Customer will be notified prior to the initiation of this fee.

\_\_\_\_\_  
City of Lamont Employee Signature

\_\_\_\_\_  
Date received