

ACH DRAFT AUTHORIZATION

Per my signature below, I hereby authorize and agree to the CITY OF MAUD initiating debit entries from the account and financial institution as stipulated below. Account will be debited on the 15th of each month. Should the 15th fall on a weekend or holiday the account will be drafted on the business day prior to the 15th.

Name on Account: _____
Financial Institution _____
Routing Number _____
Account Number _____
Type of Account Checking Savings
A voided check or deposit slip must be attached for verification

The ACH Draft Authorization is to remain in full force until the City of Maud receives written notification **from authorized** signatory requesting such cancellation.

The City of Maud reserves the right to cancel such agreement for any reason. If the payment is declined by financial institution due to insufficient funds a NSF fee will be added to the amount due from signer.

Signature

Effective Date

Water Account Number _____

Daytime Phone Number _____

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Attach copy of check or deposit slip here

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