

Consumer Authorization for Direct Billing

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: ☐ **Begin Payment**

☐ Change Information

I (we) authorize the City of Arlington to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Attach voided check or fill out the information below:

Bank/Depository name: _____

Routing number: _____ **Account number:** _____

Name(s) on the account:_____

Debit transaction frequency:

☐ **Monthly Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

I (we) understand that the monthly utility debit will occur on the 17th of each month (or the next business working day if the 17th is on a weekend or holiday). The amount will be disclosed on the monthly bill provided to you.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Arlington in writing (or personally appearing at the city office to request) that I (we) wish to revoke this authorization. I (we) understand that the City of Arlington requires at least 2 weeks prior notice in order to cancel this authorization.

☐ **Please mark here if this is a business account.** As a non-consumer account holder, I agree to be bound by the NACHA Operating Rules.

Name(s): _____
(Please Print)

Date: _____ Signature: _____

Date: _____ Signature: _____

