AUTHORIZATION AGREEMENT TO INITIATE DIRECT ACH PAYMENTS TO

City of Prairie du Chien

I/we hereby authorize the City of Prairie du Chien to originate an ACH Debit transfer from the account located at the financial institution (depository) named below.

DEPOSITORY INFORMATION

NAME(S) ON ACCOUNT: _____

☐ Business account ☐ Personal account

NAME OF BANK: _____

ROUTING#: _____ ACCOUNT# _____

ACCOUNT TYPE: ☐ Checking ☐ Savings

This authorization is to remain in full force and effect for the term of the agreement as stated below or until the City of Prairie du Chien has received written notification of its termination in or until such time and in such manner as to afford the City of Prairie du Chien and Peoples State Bank a reasonable opportunity to act upon it.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

AMOUNT OF TRANSFER Billed Amount DATE TO START _____

DATE OF TRANSFER(S) ☒ QUARTERLY - Watch your bill for ACH Payment Date

Service Address:

Water & Sewer Account #:

Phone #:

E-Mail Address:

**A COPY OF THIS SIGNED AUTHORIZATION MUST BE PROVIDED TO THE CUSTOMER BEING DEBITED*

Termination Request:

I hereby request to have this Authorization Agreement cancelled effective _____ (Date to Terminate)

SIGNED _____ Date: _____

******* **INTERNAL USE ONLY** *******

NEW AGREEMENT -OR- REPLACING EXISTING AGREEMENT Date Received: _____

CREDITS TO BE APPLIED TO ACCOUNT #: _____

Received By: _____ Contact Number: _____