City of St. Albans

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of St. Albans, to initiate the automatic payment of my quarterly utility bills by debiting my (our) bank account as indicated below. The automatic payment amount, frequency and transaction date will correspond to the due date as disclosed on the quarterly utility bill that is provided to me. If at any time I decide to discontinue this payment service for any reason (e.g. sold property, transferred property, closed bank account), I will notify the Accounting Department in writing of such at least 10 days prior to the due date.

PLEASE PRINT

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone # (Day): _____ **Telephone # (Evening):** _____

UTILITY SERVICE ADDRESS (if different from mailing address above)

Address: _____

Account Number (from Utility Bill): _____

Financial Institution (Bank): _____

Bank Route and Transit Number: _____

Bank Account Number: _____ ☐ **Checking** ☐ **Savings**

Signature: _____ **Date:** _____

I acknowledge the origination of this debit transaction to my account must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK HERE

FOR OFFICE ONLY	**Enrollment Received by:** _____	**Start Date:** _____
	Date Received: _____	**Termination Date:** _____
	Termination Received by: _____	