

Bank Pay Authorization

I hereby authorize the City of Madison, hereinafter called the Sender, to initiate a debit entry in the amount equal to my current monthly utility bill, to my account indicated below and the financial institution named below. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of the U.S. law. If the payment due date, which is the 15th day of each month, falls on a holiday or weekend, the payment will be deducted on the next business day.

I agree to maintain an account with a sufficient balance to cover these payments. As long as a sufficient balance is maintained in the account to cover any payment authorized, I understand that I will not be in default of my payment. I also agree to have sufficient funds in the account at my financial institution before the date the payment is transferred. I understand that if sufficient funds are not available in the account at the specified time of transfer, I will be responsible for non-sufficient funds service fees and late charges, if applicable. Having non-sufficient funds in my account may preclude me from participating in the Bank Pay Authorization service in the future.

I understand that I must provide written confirmation if my utility or bank account information or financial institution has changed or if I wish to discontinue this Bank Pay Authorization, by signing where indicated below. The written confirmation must be provided to Sender at least 5 business days prior to the due date on the 15th day of each month.

Utility Acct Name & Acct Number (Please Print)

Bank Account Number

Address

Account Type
 Checking Savings

City, State, Zip Code

Transit Routing Number

Phone Number

Financial Institution

Date Signed

Financial Institution Address

Effective Date

Financial Institution City, State, Zip Code

Signature

Date

Printed Name

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I request the following change to my Bank Pay Authorization:

____ Bank Acct No. ____ Bank Routing No. ____ Utility Acct No.

I have made the necessary changes to the information provided above and authorize the Sender to make the change as indicated.

-OR-

I hereby cancel automatic Bank Pay completely. This cancellation is to take effect immediately and remain in full force and effect until the Sender has received further written notification from me. I understand that I must provide cancellation notice at least 5 business days prior to the due date on the 15th day of each month.

Signature

Date

Printed Name