



Recurring ACH Payment Authorization

-Please complete all sections and use a separate form for each account-

I, _____ authorize the **City of Otsego** to electronically debit the
(Full Name)
bank account indicated below in the amount of the outstanding balance of my utility
billing account on the **8th Day** of each month until cancelled in writing.

This payment is for **Water/Sewer/Stormwater Utility Services**.

Account Information

Service Address: _____

Phone #: _____

Customer #: _____

City, State, Zip: _____

Email: _____

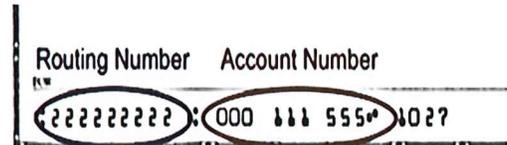
Bank Details

Checking Savings

Bank Name: _____

Account Number: _____

Routing Number: _____



- I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Otsego in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date.
- If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
- In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that City of Otsego may, at its discretion, apply a **\$30.00** charge (or amount determined by the City of Otsego fee schedule) for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____

DATE: _____