



## ACH AutoPay Authorization Form

**Customer Name:** \_\_\_\_\_ **Account Number:** 56151-22-\_\_\_\_\_

Please complete the information below to initiate ACH AutoPay enrollment for monthly utilities billed from the City of Hadley. Following successful enrollment, a confirmation will be communicated with your next utility billing statement.

### ACH AutoPay Financial Institution Information

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking Account  Savings Account

Name on Account: \_\_\_\_\_

Draft Amount: MONTHLY UTILITY INSTALLMENT

Draft Frequency: 15<sup>TH</sup> OF EACH MONTH

### ACH AutoPay Authorization

I (We) hereby authorize CITY OF HADLEY ("COMPANY") to electronically debit my (our) account at the financial institution ("DEPOSITORY") detailed above. If necessary, the company listed may electronically credit my (our) account to correct erroneous debits. I (We) acknowledge that the origination of ACH AutoPay transactions to my (our) account must comply with all applicable banking laws and regulations.

I (We) understand that this ACH AutoPay Authorization is to remain in full effect until I (we) notify CITY OF HADLEY in writing (PO Box 157, Slayton MN 56172-0157) and complete the required termination form. I (We) understand that CITY OF HADLEY requires a minimum of 10 days' notice, prior to the ACH draft, in order to cancel this authorization effective the same month.

**Acceptance Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed ACH AutoPay Authorization Form and Voided Bank Check or Savings Deposit Slip to:

City of Hadley  
Attn: Riley Engbarth, Clerk/Treasurer  
PO Box 157  
Slayton MN 56172-0157