



City of Allegan
 Finance Department
 231 Trowbridge Str Allegan MI 49010
 Phone: 269-673-5511
 Fax: 269-686-5139

WATER & SEWER UTILITY

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

The City of Allegan is offering you the opportunity to pay your water/sewer bill through our Direct Debit Service. This program is offered to you at no charge by the City. Most financial institutions do not charge for the service. Please contact your financial institution if you are unsure.

I hereby authorize the City of Allegan to initiate debit entries (and, if necessary, credit entries and adjustments for any debit entry error) to my Checking Account; or Savings Account (select one) indicated below at the depository financial institution named below.

VOIDED Check or Savings Deposit Slip must be provided.

New: _____	Update: _____	Cancel: _____
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Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

I understand that this transaction will be posted to my account on the 15th of each month, unless that falls on a weekend, in which case the effective date will be the next business day. If the transaction is denied for insufficient funds or other reasons, a \$25.00 charge and any regular penalties and/or interest will apply.

This authorization is to remain in full force and effect until the City of Allegan has received written notification from me of its termination in such time and manner as to afford the City of Allegan and depository a reasonable opportunity to act on it. It is the responsibility of the customer to ensure that any changes in their account information are communicated timely to the City of Allegan.

Name: _____ Phone #: _____

Property Address: _____

Mailing Address (if different): _____

Signature: _____ Date: _____

This form may be mailed to: City of Allegan, Finance Dept., 112 Locust St, Allegan, MI, 49010 or placed in the drop box at City Hall. Please note all account balances must be paid in full, before ACH will go into effect.

For Internal Use Only
Account#: _____ Date Processed: _____ By: _____

The City of Allegan is an equal opportunity provider.