



City of Allegan  
231 Trowbridge St.  
Allegan, MI 49010  
Ph. (269) 673-5511

## City of Allegan

### Authorization Agreement for Direct Payments (ACH Debits)

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

#### 1. Account Action Requested

- New Acct. for Direct Payment     
  Update Acct. Details for Direct Payment     
  Cancel Acct. for Direct Payment

#### 2. Bank Account Information

- Checking Account     
  Savings Account

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Voided Check or Savings Deposit Slip must be provided.

#### 3. Authorization

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

I understand that this transaction will be posted to my account on the 15<sup>th</sup> 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 in a timely manner to the City of Allegan.

Contact Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Allegan, MI 49010

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be mailed to the City of Allegan Financial Dept. at 231 Trowbridge St., Allegan, MI 49010, or placed in the dropbox at the same address. Please note all account balances must be paid in full before ACH will go into effect.

For Office Use Only

Account # \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_