



**City of Fountain Utilities
 Authorization Agreement for Direct Payments
 (ACH Debits)**

Account Holder's Name		
Service Address	Account #	Phone #

I (we) hereby authorize the City of Fountain, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution listed below, hereinafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) accounts must comply with the provisions of United States law.

Depository Name	
City	
State	
Routing Number	
Account Number	

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it and/or process final billing, if applicable.

PLEASE PLACE A VOIDED CHECK HERE

Printed Name	
ID #	
Date	
Signature	

NOTE: All written debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified above in this authorization.
NOTE: Payments made through the **ACH** processing system that are returned for insufficient funds are subject to a \$40.00 return item fee.