

Automatic Draft Authorization Form (ACH Debit-EFT)

Completing this document allows the City of Cache to debit my account. If debiting a savings account, ask your bank to give you the Routing Number for your account. It is not always the same as the number on a savings deposit slip.

Name:	City of Cache account number:
Service Address:	Phone:

Check One:

- Monthly Charges - I would like my account to be set up to be charged monthly for the amount specified by the City of Cache.
*this amount could vary based on monthly consumption.
- Change – Please make changes to my account based on the information below.
- Stop – Please stop my participation in the ACH/EFT program

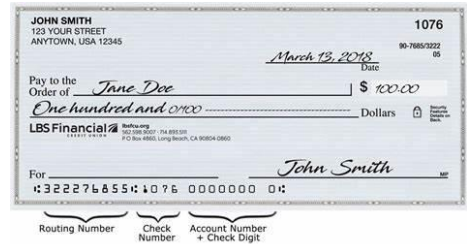
Please call your bank to confirm the Account and Routing Number for Checking or Savings.

Bank Account: Checking Savings

Account number: _____

ACH Routing Number: ____/____/____/____/____/____/____/____

Bank Name: _____



I hereby authorize the City of Cache to automatically charge (debit) my bank account specified above. The City of Cache is not responsible for any erroneous information provided. Also, I grant the City of Cache the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting/credit my said account. I understand that statement amounts are variable with each billing. I understand that if the funds are not available in my account on the designated debit date, I will be charged an NSF fee accordingly. This authorization is to remain in force until the company has received written authorization from me of a cancellation or change.

Please attach a voided check to ensure accuracy.

Account Holder Signature

Date

Print Account Holder Name

e-mail address: _____