



AUTOMATIC PAYMENT WITHDRAWAL CONTRACT (ACH Payments)

(as listed on account): Utilities Account Number: Service Address: Phone Number: I,			
Lillities Account Number: Service Address: Phone Number:	Customer Name		
Number:			
Phone Number:	Number:		
I	Service Address:		
and authority to withdraw my monthly utility payment from the following bank account: Bank Name:	Phone Number:		
Bank Name: Bank Account Type			
Routing (ABA) Number: Bank Account Number: Checking Account I	and authority to withdraw my monthly utility payment from the following bank account:		
Number: Checking Account Bank Account Savings Account	Bank Name:	Bank Account Type	
I,	Routing (ABA) Number:	Checking Account	
 The amount of my monthly utility payment will be described on monthly statement sent via United States Postal Service on or before the first (1st) day of each month. The withdrawal from my bank account will occur on the eighth (8th) day of each month. I further understand, if the eighth (8th) day of the month falls on a Saturday or Sunday, the payment will be charged to my account on the following Monday. I may temporarily or permanently suspend the payment from my account with at least a one week notice and the prescribed form in Ordinance 31-2006. I further understand that I may only request at most two temporary suspensions of automatic payment within a twelve month calendar year. This restriction; however, does not apply to erroneous large payments do to an equipment failure and the customer is expected to apply for an adjustment with the City of Brazil Utilities. I further understand there is a \$0.25 per month charge to use this service, and the ACH Payment service is optional and not required by the City of Brazil Utilities. The City of Brazil shall not be held liable for any charges or fees incurred by the utilities customer's financial institution. Finally, I understand, in the event the ACH payment results in a non-sufficient fund transaction, a twenty dollar (\$20) NSF fee will be applied to the account plus any and all penalties for non-payment by the due date as described on the monthly statement. If said ACH payment results in three or more non-sufficient fund transactions within a twelve month calendar year, I will lose 	Bank Account Number:	Savings Account	
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Signed: Date	Signed: Date	<u> </u>	

Approved:______ Date _____