

**Authorization for Direct Payment VIA ACH (ACH Debits)**

I (we) hereby authorize **Water Works and Sewer Board of the City of Heflin** to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Select One:

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Accounts

At the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amount authorized]:

Date(s) and/or frequency of debit(s): 5<sup>th</sup> /Monthly . If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account to the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until **Water Works and Sewer Board of the City of Heflin** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Water Works and Sewer Board of the City of Heflin** and Financial Institution a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ (Please Print)

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

WWSB ACCT ID # \_\_\_\_\_