

City of Red Bud, IL

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

PLEASE PRINT

Name: _____ Utility Account Number: _____

Address: _____

City: _____ State and Zip Code: _____

Phone Number: _____

Financial Institution: _____

City: _____ State and Zip Code: _____

Checking Account Information:

Account No: _____ Routing No. _____

I authorize The City of Red Bud, IL to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits). I acknowledge that the origination of ACH transactions to my account must comply with US Law and NACHA Rules.

Amount of debit each month will be full amount owed on monthly utility bill and debited on the 22nd of the same month the bill is due. The City of Red Bud, IL is not responsible for any overdrafts, fees, or bounced checks resulting from insufficient funds as a result of the monthly debit. If there are insufficient funds for the monthly debit, then the City shall notify the utility customer and the customer shall owe a returned check fee of \$35.00 for each instance of insufficient funds, or failure of payment for any reason, in addition to the monthly utility charges. **AFTER HAVING 3 OVERDRAFTS ON YOUR ACCOUNT YOU WILL BE REMOVED FROM THE PROGRAM.**

I understand that this authorization will remain in full force and effect until I notify The City of Red Bud, IL in writing that I wish to revoke this authorization. I understand that the City of Red Bud, IL requires at least 30 days prior notice in order to cancel this authorization.

Signature: _____ Date: _____

PLEASE PROVIDE A VOIDED CHECK.

*** Do NOT attach a deposit slip**

ATTACH HERE

PLEASE RETURN TO:

CITY OF RED BUD, IL
200 EAST MARKET STREET
RED BUD, IL 62278