

CITY OF BOONVILLE
Authorization for automatic debit via the
Automated Clearing House (ACH)

Debit From:

Customer's Name: _____

Water Account #(s): _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Bank ABA #: _____ Social Security # _____

Bank Account #: _____ () DDA () Savings

\$ Amount (or range): Water Bill Amount Frequency: Due Date
day of each month.

As a convenience to me, I hereby authorize you to charge my account in the amount and frequency stated above, provided there are sufficient collected funds in said account to pay the same upon presentation. The authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I further agree that if any such payment is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in a loss to my account.

X _____ Date: _____, 20 _____

Signature as shown on Bank Records

ATTACH VOIDED CHECK (for checking account) or deposit slip (for savings account) below.