

CITY OF NORTH AUGUSTA, SC
DEBIT AUTHORIZATION

I (we) hereby authorize the City of North Augusta, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Branch

Address

City/State/Zip

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): Utility Bill Amount

Frequency (Weekly, Monthly etc.): Monthly Start Date (if recurring): _____

Effective Date of Debit (s): TBD by the Finance Department after account verification

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on 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 Company has **received written notification from me (or either of us)** of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date Utility Account Number

Please attach a voided check and submit with this authorization to the Finance Department at the City Municipal Building, 100 Georgia Avenue. A service fee of \$30.00 will be charged on drafts returned by the bank. Such return constitutes non-payment and could result in late charges being imposed and the disconnection of service. The City does not accept any responsibility for disputes between the customer and/or financial institution.