

ACH PAYMENT ENROLLMENT FORM

Last Name First Name MI					
Social Security Number Phone (Day)					
Action Effective Date					
New Change Cancel Address of Property					
Name of Financial Institution Financial Institution Address					
Financial Institution Phone Type of Account Checking Savings Ownership of Account Self Joint					
Account Number Routing Transit Number					
I certify that I have read and understand the back of this form. This is my (our) authorization of my (our) bank, named above, to deduct from my (our) account as identified above and pay to the City of Ashland, Missouri the amount of my monthly utility service bill. This authorization will remain in effect until written notice of cancellation is received either by my (our) bank or by the City of Ashland, Missouri.					
Signature: Date:					
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.					
Signature: Date:					

Please Attach a Voided Check to this form.

HOW TO COMPLETE THIS FORM

- 1. Read the back of the form completely.
- 2. Fill in all boxes above.
- 3. Sign and date the form.
- If the account is not in your name alone, have the other account holder sign also.

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TIP	Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345	19	1234
TIP	Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$[
TIP	Do not use a deposit slip to verify the routing number.	Your Town Bank Your Town, FL 12345		DOLLARS
Routing Tr	ansit Number Account	· 250000005): 1(234556789022) "		



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Terms and Conditions for Participating in The ACH Payment Program

The following are the terms and conditions for participating in the Direct Deposit program.

- 1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the ACH Payment program.
- 2. You must complete this enrollment form to enroll in the ACH Payment program. This form must be signed and dated for processing. If you have a joint account, the form must be signed by both parties.
- 3. A voided check or deposit slip must be turned in with this form to enroll in the ACH Payment program.
- 4. Customer must provide a state or federal photo I.D. at the time this enrollment form is turned in to the City of Ashland, Missouri.
- 5. It is your responsibility to notify the City of Ashland, Missouri immediately of any changes in your account, such as account closure or change in account number. If a change is requested, please complete this form indicating the action is a Change, and specify the new account information.
- 6. If for any reason an ACH payment is returned to the City of Ashland, Missouri by your bank a \$25.00 fee will be charged. The amount due plus this fee will be due to the City of Ashland within two business days or service will be disconnected.
- 7. If the City of Ashland receives two insufficient funds notices from your bank within a twelve month period, we will assess a return check charge on each and will cancel your participation in the ACH payment program.

If you have any questions regarding this form, please contact City of Ashland Treasurer Shelley Martin at (573) 657-2091.