

TOWN OF STANLEY

AUTHORIZATION AGREEMENT

ACH PREAUTHORIZATION PAYMENTS (DEBITS)

I hereby authorize **THE TOWN OF STANLEY** to initiate debit entries or such adjusting entries, either debit or credit (which are necessary for corrections) to my Checking or Savings account indicated below and the financial institution named below to debit or credit the same to such account.

Financial Institution Name	City	State
Transit/Routing Number	Account Number	

- I understand that this authorization will be effective until I complete and turn in a Voluntary Termination ACH draft form at Town Hall stating that I no longer desire this service. The Town will need reasonable time for the Town to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my utility account only.
- I understand my drafts will not end until my final bill has been processed if I am closing out my current water account with the Town of Stanley.
- I understand my draft amount is controlled by the consumption or amount of water I use monthly. The draft amount will not necessarily be the same each month due to either more water used or a potential rate increase. Also, if a leak goes unnoticed by me and the Town of Stanley prior to the draft, I understand that the Town of Stanley is not responsible for an overdraft on my account or penalties incurred by my financial institution. I am responsible for monitoring my monthly usage to guard against water leaks.
- I understand if my draft utility payment is declined due to insufficient funds in my account, I will be charged a late fee and will be responsible for the full amount of my utility bill plus the late fee within five (5) days in order to not have my service interrupted during the cut-off period on the 25th of the month. If my service is interrupted during the cut-off period I will also be charged a \$50.00 delinquent fee.

*****YOUR ACCOUNT WILL BE DRAFTED BETWEEN THE 10th & 15th OF EVERY MONTH*****

Name: _____

Phone: _____ Email: _____

SS# (9 Digits) _____ Acct #: _____

Signature _____ Date _____

***** PLEASE ATTACH A VOIDED CHECK *****