



## ACH Bank Draft Payment Authorization Form

### ***Customer Information***

Full name: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ***Bank Information***

Client's name on Bank Account: \_\_\_\_\_

Checking \_\_\_\_ Savings \_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Maximum amount to draft before warning: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

Draft Date: \_\_\_\_ 5<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 14<sup>th</sup>

Please attach supporting bank documentation, such as a voided check, to verify information on ACH Bank applications.

### ***Important Note & Signature***

I hereby authorize the City of Roma Public Water System to initiate debit entries to my account indicated above at the financial institution named above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. This authorization will remain in full force and effect until the City of Roma Public Water System has received written notification from me of its termination in such time and in such manner as to afford the City of Roma Water System and my financial institution a reasonable opportunity to act on it.

X \_\_\_\_\_

Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_