



AUTOMATIC PAYMENT WITHDRAWAL CONTRACT (ACH Payments)

<i>Customer Name</i> (as listed on account):
<i>Utilities Account Number</i> :
<i>Service Address</i> :
<i>Phone Number</i> :

I, _____, give the City of Brazil Utilities permission and authority to withdraw my monthly utility payment from the following bank account:

<i>Bank Name</i> :	<i>Bank Account Type</i>
<i>Routing (ABA) Number</i> :	
<i>Bank Account Number</i> :	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

I, _____, further understand

- The amount of my monthly utility payment will be described on monthly statement sent via United States Postal Service on or before the first (1st) day of each month.
- The withdrawal from my bank account will occur on the eighth (8th) day of each month. I further understand, if the eighth (8th) day of the month falls on a Saturday or Sunday, the payment will be charged to my account on the following Monday.
- I may temporarily or permanently suspend the payment from my account with at least a one week notice and the prescribed form in Ordinance 31-2006.
- I further understand that I may only request at most two temporary suspensions of automatic payment within a twelve month calendar year. This restriction; however, does not apply to erroneous large payments do to an equipment failure and the customer is expected to apply for an adjustment with the City of Brazil Utilities.
- I further understand there is a \$0.25 per month charge to use this service, and the ACH Payment service is optional and not required by the City of Brazil Utilities.
- The City of Brazil shall not be held liable for any charges or fees incurred by the utilities customer's financial institution.
- Finally, I understand, in the event the ACH payment results in a non-sufficient fund transaction, a twenty dollar (\$20) NSF fee will be applied to the account plus any and all penalties for non-payment by the due date as described on the monthly statement. If said ACH payment results in three or more non-sufficient fund transactions within a twelve month calendar year, I will lose all privileges of the ACH payment service offered by the City of Brazil Utilities.

Attach voided check here

Signed: _____ Date _____

Approved: _____ Date _____