

ACH BANK DRAFT CONSENT FORM

Customer Name: _____

Address: _____

City, State, Zip: _____

Customer's Utility Account Number: _____

I _____ (account holder) authorize my financial institution to debit my account for my monthly bill on the 5th day of each month for the City of West Liberty Utility bill and post it to my account.

I understand that the most current non-sufficient funds fee will be charged to my account in the event that there are insufficient funds in my bank account to cover my bill and the automatic bank payment will be stopped.

Bank Name: _____

Address: _____

Routing Number: _____

Bank Account Number: _____

Attach a voided check showing your name and checking account number. I understand I control payment and if at any time I decide to discontinue the automated bill payment service, I will send written notification to the City of West Liberty and my financial institution.

Signature

Date