



**City of Blanchard  
Authorization Agreement for Direct Payment  
(ACH DEBITS)  
For Utility Accounts**

I hereby authorize the City of Blanchard to initiate debit entries to my account as indicated below. The purpose of this debit is to satisfy the entire outstanding balance for utility service and any related fees each month for the service address indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United State Law.

Routing Number:

Checking Account #:

Saving Account #:

Financial Institution Name:

Address:

City:

State:

Zip:

Deductions from the depository account will occur between 14<sup>th</sup> and the 16<sup>th</sup> of each month depending on how the calendar falls. A minimum processing fee of \$1.75 will be charged each month. I understand that if my transaction is rejected for any reason (insufficient funds, account closed, bank error, etc.), other than the City of Blanchard error, my account will be charged a \$25.00 return item fee. Rejected ACH transactions will not be reprocessed for that month and must be paid cash or money order at City Hall. A letter of notification will be generated and payment for that billing period will include the \$25.00 return item fee. If two rejections occur within a twelve (12) month period, I understand that the city of Blanchard may choose to terminate this agreement. If this occurs, a written notification will be sent to the mailing address noted below.

This authorization is to remain in effect until the City of Blanchard receives written notification from me of its termination. Written notifications must be made at least seven (7) business days prior to the 15<sup>th</sup> to allow the City of Blanchard and the Financial Institution a reasonable opportunity to act on such notice.

Name (printed):

Utility address for the account:

Mailing Address (if different from utility address):

Phone Number:

Signature:

Date:

(Please Type your Name in lieu of signature)

**PLEASE ATTACH A VOIDED CHECK TO THE AUTHORIZATION**

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date Opened:

Utility Account Number:

Bank Number (If New Bank):