



AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

I hereby authorize the CITY OF BARTLESVILLE to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking account indicated below and as designated on the corresponding checking advice, and the depository named below, here in after called DEPOSITORY, to debit and or credit the same to my account. I understand fees for returned items will be charged to my utility account. Also, if I my utility account has three or more returns this can terminate my automatic ach debit agreement and I will be removed from it without further notice.

This authority is to remain in full force and effect until the City of Bartlesville has received from me a signed automated ach termination form or I have had three or more returns as mentioned above of its termination in such a time and in such manner as to afford City of Bartlesville and depositor a reasonable opportunity to act upon it.

Customer Name: _____

Service Address: _____

Home phone #: _____ Cell phone #: _____

Utility Account #: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA#: _____ Bank Account#: _____

Signed: _____ Date: _____

1. Attach a voided check to the bottom of this form
2. Sign and date ACH authorization form
3. Turn in completed form **10** days before bill due date.
4. Customer will receive monthly bill with the following message:
“BANK DRAFT DO NOT PAY”