

Account Number: \_\_\_\_\_

## City of Otsego Direct Debit Utility Payment Authorization

**Directions**

1. Please type or print legibly in black ink.
2. Check the box indicating a new application or a change of information.
3. Attach a voided check to the completed application.

New    Change

Name:		
Address:		Daytime Phone Number: (       )
City:	State:	Zip:
E-Mail Address:		

I hereby authorize the City of Otsego to debit my Checking Account or Savings Account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The City of Otsego and I agree to abide by all applicable ACH operating rules and regulations.

Should the electronic debit be returned for lack of sufficient funds, I understand that I will need to pay my bill by cash, money order or an official check at the Otsego City Hall. I also understand that I will be responsible for the current charge for a non-sufficient funds payment at that time.

Financial Institution Name:		
Address:		Phone Number: (       )
City:	State:	Zip:
Bank Transit & Routing Number:		Account Number:
Name as it appears on the bank account:		This account is: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payment Processing Date: <div style="text-align: right;"><input type="checkbox"/> 10th Day of Month Bill is Due</div>		
(The actual date may vary due to weekends - the earliest business day will be used.)		

I understand that I control my payments. If at any time I decide to discontinue this payment service I agree to notify the City of Otsego in writing. This agreement will remain in full force and effect until the City receives written notification from me, or I have receive written notification from the City of its termination. I further understand that all information provided herein will remain confidential and that agreement cannot be processed without my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date