

**AUTHORIZATION AGREEMENT  
ACH PREAUTHORIZATION PAYMENTS (DEBITS)**

I hereby authorize *THE CITY OF BESSEMER CITY* to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my Checking \_\_\_\_\_ or Savings \_\_\_\_\_ account indicated below and the financial institution named below to credit (or debit) the same to such account.

\_\_\_\_\_  
**Financial Institution Name**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Transit/Routing Number**

\_\_\_\_\_  
**Account Number**

I understand that this authorization will be effective until I notify my financial institution in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after the posting, whichever occurs first.

**\*\*\*Your account will be drafted between the 5<sup>th</sup> and 10<sup>th</sup> of every month\*\*\***

***To ensure accuracy of banking information, your 1<sup>st</sup> bill after enrollment will not draft. You will still need to pay this bill as usual!***

\_\_\_\_\_  
**Name (Printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security Number (9 Digits)**

\_\_\_\_\_  
**Utility Account Number**

**\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\***