



**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**  
(Please print or type all information)

**ACCOUNT INFORMATION**

CITY ACCOUNT NUMBER	NAME (As listed on account)

**SECTION A: ENROLLMENT**

I hereby authorize the CITY OF MARION to initiate a monthly debit in the amount of my City of Marion utility bill beginning \_\_\_\_\_, 20\_\_\_\_ to my account indicated below and the financial institution named below to debit the same to such account:

Type of Account (Circle One)	CHECKING	SAVINGS
<input type="checkbox"/>	Central National Bank (Routing # 101101293)	Account Number _____
<input type="checkbox"/>	Marion National Bank (Routing # 101102700)	Account Number _____
<input type="checkbox"/>	Tampa State Bank (Routing # 101110572)	Account Number _____
<input type="checkbox"/>	Other: _____ Routing #: _____	Account Number _____

I understand that my account will be debited on approximately 15<sup>th</sup> of each month.

This authority is to remain in full force and effect until Company or Depository has received written notification from me of its termination, in such time and in such manner as to afford Company and Depository a reasonable time to act on it. I recognize that I must notify the Company of any change in banks or accounts to insure proper and timely deposit to my account 10 days prior to the agreed upon monthly transaction date.

\_\_\_\_\_  
Signature Date

If authorizing a checking account, attach a copy of a voided check to the completed form. If authorizing a savings account, attach a copy of a deposit slip to the completed form. Written notification of this information may also be accepted from your financial institution.

**SECTION B: CANCELLATION**

(Complete this section to cancel the ACH Debit Authorization) Effective Date \_\_\_\_\_

I hereby cancel the authorization for the CITY OF MARION to initiate a monthly debit in the amount of my City of Marion utility bill from my checking/savings account.

\_\_\_\_\_  
Signature Date

## **Direct Payments (ACH Debits) Procedures**

- The customer completes the authorization agreement form to authorize the ACH Debit for the utility bill balance.
- The customer should return the completed form to the utility billing clerk and keep a copy for their records.
- The original form will be retained in the city office files in accordance with the city's record retention schedule.
- If authorizing a checking account, attach a copy of a voided check to the completed form. If authorizing a savings account, attach a copy of a deposit slip to the completed form. Written notification of the account information may also be accepted from the listed financial institution.
- Requests or cancellations scheduled for the 15<sup>th</sup> must be received no later than the 5<sup>th</sup> of that month.
- A customer will be allowed to enroll in the ACH Debit one time for no charge. If a customer chooses to cancel their enrollment and enroll again at a later date there will be a \$5.00 processing fee. This fee will be applied to their utility account.
- Payment reversals due to insufficient funds will be treated as an insufficient fund check. The customer will be notified to make cash payment in the amount of the reversed debit plus a \$30.00 service charge by 5:00 of that day or be subject to disconnect. The account will immediately be removed from the ACH Debit program and the residents will not be eligible for participation in the program for 12 months. Future payments on the account must be made by cash, check or money order. In the event that another check is returned the resident will be required to make payment by cash or money order for 12 months following the last insufficient fund check.