

Date: \_\_\_\_\_

**ACH AUTOMATIC PAYMENT CUSTOMER AUTHORIZATION**

I (WE) authorize the City of Randolph to electronically debit the following account information (and, if necessary, electronically credit to correct erroneous debits) as follows:

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Depository Name: \_\_\_\_\_

Depository Addrs: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

The amount of debit is determined by calculation of the amount for monthly utility services.

I (WE) understand that this authorization will remain in full force and effect until I (WE) notify the City of Randolph in writing to PO BOX 457, Randolph, NE 68771 that I (WE) wish to revoke this authorization. I (WE) understand that the City of Randolph requires at least five (5) weeks prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_