

## ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account.  
 Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your bill each month. Please note the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or the amount changes, in which case you will receive notification from the City posted at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize the City of Port Wentworth to charge my bank account indicated  
 (Full Name)  
 below on the **15<sup>th</sup> day of each month** for the payment of my water, sewer and/or sanitation services.

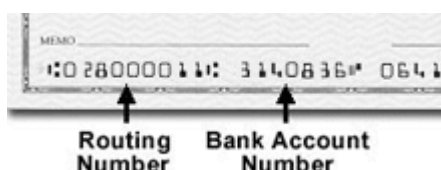
Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

|                 |                                   |                                  |  |
|-----------------|-----------------------------------|----------------------------------|--|
| Account Type:   | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |  |
| Name on Acct    | _____                             |                                  |  |
| Bank Name       | _____                             |                                  |  |
| Account Number  | _____                             |                                  |  |
| Bank Routing #  | _____                             |                                  |  |
| Bank City/State | _____                             |                                  |  |



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and agree to notify the City of Port Wentworth in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I agree that the City of Port Wentworth may charge an additional \$50.00 NSF charge. Also, services will be suspended until full payment of account balance is made at City Hall including a \$75.00 Nonpayment Penalty Fee. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. I understand failure to receive a bill will not prevent ACH transactions from being processed.