

ACH DEBIT AUTHORIZATION FORM

CITY OF CUBA

I [we] hereby authorize the CITY OF CUBA to initiate entries to my (our) checking/ savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/ debited in error. This authority will remain in effect until THE CITY OF CUBA is notified by me (us) in writing to cancel the automatic withdrawal for my utility bill.

I (we) have verified the information below to be correct and will pay any fees from the BANK or CITY OF CUBA if my (our) ACH is returned with bad information, NSF, closed account, etc.

INITIALS- _____

The fees will be my (our) responsibility unless the clerk has entered the information incorrectly into the billing system. INITIALS- _____

NAME OF FINANCIAL INSTITUTION (BANK) _____

ADDRESS OF FINANCIAL INSTITUTION- _____

NAME(S) ON THE CHECKING/ SAVINGS ACCOUNT

UTILITY SERVICE ADDRESS- _____

CHECKING OR SAVINGS – (CHECK ONLY ONE)

RESIDENTIAL OR COMMERCIAL – (CHECK ONLY ONE)

ROUTING NUMBER- _____

ACCOUNT NUMBER- _____

SIGNATURE (S): _____

DATE: _____

CLERK SIGNATURE: _____ NOTARY STAMP:

DATE: _____