ACH Direct Payment Enrollment Form

Instructions:

Complete the Authorized Agreement for Direct Debit Payment below.

CHECKING ACCOUNT:

Include a voided check (a deposit slip cannot be used) for the account.

SAVINGS ACCOUNT:

Include a deposit slip for the account.

Authorized Agreement for Direct Debit Payments

I hereby authorize and request the City of Shady Cove to debit my (our) checking or savings account at the banking institution listed below for payment of sewer and public safety fee charges. I hereby authorize and request the banking institution to accept debit entries initiated by and to debit the same to my account without liability for the correctness for the entries. I understand that my account will be debited each billing cycle between the 12th and the 16th of each month. I understand that a service charge of \$30.00 will be placed on my account for each returned transaction per account.

It is understood and agreed that I may withdraw from participation at any time by notifying the Sewer Billing Department in writing by the 10th day of the month after I am billed. If I withdraw after the 10th day of the month, my participation will not be terminated until the next billing cycle.

Shady Cove Account Number:			
Customer Name(s):			_
Service Address:			_
City:	State:	Zip:	_
Mailing Address:			Return agreement with attachment to: CITY OF SHADY COVE
City:	State:	Zip:	
Phone:	Phone:		PO Box 1210
Email:			Shady Cove, OR 97539 Phone: 541.878.2225
Use my email address above to sign up	for the City's electronic	newsletter: YES	Fax: 541.878.2226 www.shadycove.org
Please indicate type of account:	CHECKING	SAVINGS	s Shadu
Banking Institution Name:			- F
City:	State:		- (- (- (- (- (- (- (- (- (- (
Bank Routing #:			Ce 8°
Bank Account #:			
Customer Signature:			Date: