

# ACH AUTHORIZATION FORM

## City of Monett

217 Fifth Street, PO Box 110  
Monett, MO 65708

## (Direct Debit Program)

## Questions?

Please call:  
(417) 235-3544

### I. Your Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

(If you choose not to enroll in the ACH Direct Debit Program, Please do not complete and return this form)

### II. PAYMENT DATE

Draft payment the fifth day of the month

### III. YOUR FINANCIAL INSTITUTION INFORMATION

Bank Name:	Bank Phone Number:	
City:	State:	Zip:

### IV PLEASE WITHDRAW FUND FROM:

- My Checking Account/Share Draft  
 My Savings Account/Share Savings

Bank Routing Number	Your Account Number
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### V. PLEASE ATTACH YOUR VOIDED CHECK BELOW THIS LINE

Jane A Doc 123 Name Street Anywhere, USA 12345	Date: _____	00001
Pay to the order of	\$ _____	
Noname Bank USA For _____	VOID	
-012345678-: 00001  * 0246810  * 3401		

Example Routing and Account  
Numbers:  
Routing Number = 012345678  
Account Number = 0246810

### ACKNOWLEDGEMENT AND AGREEMENT

You authorize the City of Monett and its successors and assigns to initiate debt entries as indicated above. You further authorize your financial institution noted above to debit your account. You agree to pay a returned item charge of \$20 (as permitted by state law) for each returned item. If a debit is not made, you will promptly remit the total monthly payment plus any fees due. You are aware that the amount of the monthly payment will change from month to month and that the amount of the monthly debit will change accordingly. Upon receipt of your monthly statement you will know how much will be debited from your account. **You agree to continue to pay your**

**bill until your monthly statement indicates "BANK DRAFT ACTIVE".**

This ACH Direct Debit Program Authorization may be cancelled by either party with 30 days advance notice. However, if more than 2 debit entries are returned unpaid within a 12-month period, the City of Monett reserves the right to terminate the ACH Direct Debit Program immediately without prior notice.

Signature: _____	Date: _____
Additional Signature (if account requires a second signature): _____	Date: _____