CITY OF SOLOMON
AUTOMATIC UTILITY DEBIT
AUTHORIZATION AGREEMENT

I hereby authorize the City of Solomon to initiate debit entries and/or adjustments to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I understand that the credit/debit will be processed on or about the 15th of each month.

_____ _____

Financial Institution Name Branch

_____ _____

Financial Institution Address City/State/Zip

_____ _____ ☐ Checking

Bank Routing Number Bank Acct No. ☐ Savings

City Utility Account Number(s) _____ _____

_____ _____

This authority is to remain in full force and effect until the City of Solomon has received written or verbal notification from me of its termination in such time and manner as to afford the City of Solomon and the Financial Institution listed above a reasonable opportunity to act on it. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I agree to pay a $30 insufficient check fee plus $3 bank fee The total must be paid via cash or money order within ten (10) days of the date of notice or you are in jeopardy of having city utilities disconnected for non-payment.

I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

_____

Printed Name

_____ _____

Signature Date