

**Consumer Authorization for Direct Payment via ACH**

City of Hanska 201 Broadway St PO BOX 91 Hanska MN

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

**Check one:**    Begin Payment                                     Change Information

I (we) authorize City of Hanska to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account /  Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

**Depository name:** \_\_\_\_\_

**Routing number:** \_\_\_\_\_ **Account number:** \_\_\_\_\_

**Name(s) on the account:** \_\_\_\_\_

**Debit transaction frequency:**

- Single Entry** (one-time payment)
- Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)
- Subsequent Entries** (entries that are initiated by a Receiver's affirmative action in accordance with the terms of this Standing Authorization)

**Date of debit (if Single Entry) or date of first debit:** \_\_\_\_\_

**Number of and/or frequency of debits:** \_\_\_\_\_

**Authorized debit amount** (monthly utility amount subject to change each month based on usage): \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

*(Please Print)*

Address \_\_\_\_\_ Utility Account Number \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_