

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount indicated on your monthly bill. The charge will appear on your bank statement as an "ACH Debit"

I, _____ authorize the City of Marshfield to charge my bank
 (full name)

account indicated below with the first payment on _____ and each subsequent payment on
 (start date)

the 15th of each month for payment of my account.

Please complete the information below:

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Water Account Number(s) _____

Account Type: Checking
 Name(s) on Acct _____
 Bank Name _____
 Bank Routing # _____
 Account Number _____
 Bank City/State _____



ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Marshfield in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the 15th of the month falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account on exactly the 15th. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the City of Marshfield's policy is to charge a returned check fee of \$20 and will result in immediate disconnection of service until the funds are received in the form of cash or money order. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.