

**City of Chatfield**  
21 Second St SE  
Chatfield, MN 55923

**Consumer/Business Authorization for Direct Payment via ACH**

**Check one:**                      Consumer Account (Personal)                      Business Account

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

**Check one:**                      Begin Payment                      Change Information

I (we) authorize the City of Chatfield ("COMPANY") 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.

**Financial Institution Name (please print) :** \_\_\_\_\_

**Financial Institution Routing number:** \_\_\_\_\_

**Financial Institution Account number:** \_\_\_\_\_

**Financial Institution City and State:** \_\_\_\_\_

**Customer Name on the Financial Institution account:**

\_\_\_\_\_

**Date of first debit:** \_\_\_\_\_ (Utility Account Debits occur on the 20<sup>th</sup> of the month. If the 20<sup>th</sup> falls on a holiday or weekend, the debit will occur on the next business day.)

**Frequency of debits: MONTHLY**

**Authorized debit amount: UTILITY BILL BALANCE**

**Customer Name on Bill:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Account Number on Bill:** \_\_\_\_\_

**Please include a voided check.**

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Chatfield in writing, by phone, location, address, etc. that I (we) wish to revoke this authorization. I (we) understand that the City of Chatfield requires at least **5 days** prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_  
(Please Print)

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