



**City of Bay**  
220 Elder Street  
Bay, AR 72411  
PH. 870-781-3386  
cityofbay.org

**Authorization for Direct Payment via ACH**

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

I authorize **City of Bay** to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) for *Water Billing* \_\_\_\_\_

Select one:

- a single (one-time) entry
- recurring entries
  - Monthly on the \_\_\_\_\_ day of each month
  - Weekly on \_\_\_\_\_
  - Other \_\_\_\_\_

as follows:

(select one)  Checking Account /  Savings Account at the financial institution named below.  
(select one)  Personal /  Business

Name on Account \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount (or method for determining the amount) \_\_\_\_\_

Date account will be debited initially \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify **City of Bay** that I wish to revoke this authorization. I agree to notify **City of Bay** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next scheduled transaction.

I agree that ACH transactions I authorize comply with all applicable laws and are governed by the National Clearing House Association (NACHA) *ACH Rules*.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* PLEASE ATTACH A VOIDED CHECK \*\***