

**CITY OF CARSON, IOWA
CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
UTILITY BILL**

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

I (we) authorize the City of Carson to electronically debit my (our) account for my monthly City utility account charges (and, if necessary, electronically credit my (our) account to correct erroneous debits):

recurring entries (that occur at substantially regular intervals without my affirmative action to initiate further entries)

as follows:

Checking Account

OR

Savings account (select one) at the depository financial institution named below ("DEPOSITORY").

I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name: _____

Routing Number: _____ Account Number: _____

PLEASE ALSO ATTACH A VOIDED CHECK IF AVAILABLE

I understand that I will continue to receive a monthly bill but it will state "**This bill AUTOPAID on/about the 13th of the month**". If the deduction date falls on a weekend or holiday, the account will be debited on the closest business day. I may revoke this Direct Payment authorization at any time

I may revoke this Direct Payment authorization at any time by providing a written notice received by the City of Carson 15 days prior to the auto-pay date (13th of the month). I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. Law. I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Carson IN WRITING that I (we) wish to revoke this authorization. I (we) understand that the City of Carson requires at least 15 days prior written notice in order to cancel this authorization.

I understand that I am responsible for ensuring that the necessary funds are available at the time the withdrawal occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner. I understand Auto Pay authorization enrollment does not necessarily prevent disconnection or disruption of city service.

I understand that it is my responsibility to notify the City of Carson, Iowa of any changes to my banking account information; if there are any changes in banking information I will need to complete and timely submit an updated Auto Pay Authorization Form to City Hall. I understand that if the withdrawal is returned for any reason a charge may occur. The direct payment service may be canceled if two payments are returned in a six-month period of non-payment.

Name(s): _____ Date: _____

(Please Print)

Signature(s): _____

DATE RECEIVED AT CITY HALL: _____ CLERK INITIALS: _____ UB # _____

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