Authorization for Direct Payment via ACH

I (we) authorize the City of Danville ("Company") to electronically debit my (our) account (and, if necessary, 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 all applicable law.

Depository Name _____
(Name on the account)

Routing Number _____

Account Number _____

Name of Bank: _____

Amount of debit(s) or method of determining amount of debit(s): Will be the amount of the "Depository" monthly bill with the City of Danville.

Date(s) and/or frequency of debit(s): The City will submit the ACH file to the Danville State Savings Bank on the 15th of each month – if the 15th falls on a Saturday or Sunday or Holiday, the transaction will occur on the next business day. IF an ACH comes back to the City as "Insufficient Funds", you will be charged an additional $25.

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 10 days prior notice in order to cancel this authorization.

_____
Printed Name(s)

_____
Signature(s)

_____
Date

_____
Customer account number