Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.
Check one: ☐ **Begin Payments** ☐ **Change Information**

I (we) authorize **East Montgomery Utility District** 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 all applicable law.

Depository/Financial Institution Name: _____

Routing number: _____ **Account Number**: _____

Name(s) on the Account: _____

Debit transaction frequency:

☒ **Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver) **on the 10th (or following business day) of each month.**

(Note: For varying amounts East Montgomery Utility District must/will send, based on *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit.)

I (we) understand that this authorization will remain in full force and effect until I (we) notify East Montgomery Utility District in writing, by phone, email, or at location that I (we) wish to revoke this authorization. I (we) understand that East Montgomery Utility District requires at least 15 days prior notice to cancel this authorization. If payment is returned unpaid, a $30.00 return fee will apply.

Name(s): _____
(Please Print)

Service Address(s): _____

Date: _____ **Signature(s):** _____

(Please attach a voided check or bank verification for routing and account numbers)

For Office Use Only

EMUD Customer Account Number _____

Initial: _____ Date: _____ | Initial: _____ Date: _____

This institution is an equal opportunity provider and employer