ACH Debit Authorization Form

Authorization Agreement – For Pre-Arranged Payments (ACH Debits)

Company Name: **Chandler Utilities**

I/We hereby authorize: **Chandler Utilities**

Hereinafter called COMPANY, to initiate debit entries to my/our Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

The dollar amount showing due on the current Chandler Utilities bill will be drawn from account indicated below on the 16th day of each month according to the terms of said bill.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I/we send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Bill Receiving Option: Paper   Email (provide email address):_____   Both

DEPOSITORY Name: _____ Transit/ABA Routing #: _____

Checking   Savings   Account Number: _____

Name (Please Print): _____ Date: _____

Service Address: _____ Phone: _____

Signature: _____

A voided check must be attached for account verification purposes

Completed forms can be mailed to the address above or emailed to **billing@townofchandler.org**.
If emailing, please include a copy of a voided check. If you have questions, please call (812) 925-6882.

For Office Use:

Account #: _____   Date Changed: _____

Date Entered in System: _____   Reason/Requested By: _____

Initials: _____   _____