



## 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 shown on the current Chandler Utilities bill will be drawn from account indicated below on the 16<sup>th</sup> 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 has 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.

Depository/Bank Name: \_\_\_\_\_ Transit/ABA Routing #: \_\_\_\_\_

Checking \_\_\_\_ Savings \_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*A voided check must be attached for account verification purposes\*\***

Completed forms can be mailed to the address below, faxed to (812) 925-6883 or emailed to  
[billing@townofchandler.org](mailto:billing@townofchandler.org)

Chandler Utilities  
401 E Lincoln  
Chandler, IN 47610

**For Office Use Only:**

Account #: \_\_\_\_\_

Date Entered in System: \_\_\_\_\_

Initials: \_\_\_\_\_