

# Credit Card /Bank ACH Payment Authorization

I \_\_\_\_\_ authorize The City of Lynd (government entity) to  
(Print Full Name)  
charge my Credit Card or Bank Account below on the 15<sup>th</sup> of each month. This payment is for the amount shown on my monthly bill for water, sewer, garbage and utility surcharge. The charge will appear on your credit card or bank statement. This authorization will begin on \_\_\_\_\_ and continue each month until notice of termination.

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_


City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Utility Acct # \_\_\_\_\_

### Bank (ACH)

### Credit Card (credit card processor charges \$3 bills under \$100, \$6 bills over \$100)

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Routing Number	_____



Routing Number: 222222222  
Account Number: 000 555\* 1027

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	____ / ____
CVV	_____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the City will charge an additional \$3.00, which is the amount the bank charges the city. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

BANK ACCOUNT / CARHOLDER'S SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_