



1<sup>st</sup> Payment Date: \_\_\_\_\_

Entered Date: \_\_\_\_\_

## ACH DEBIT AGREEMENT

*An ACH Debit is the transfer of funds from an account for the purpose of making a payment.*

**Check one:**     Begin Deposit                                       Change Information

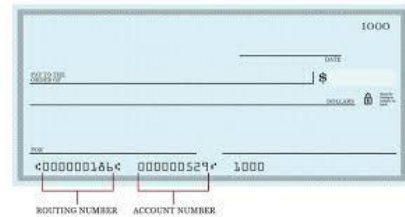
I (we) hereby authorize Minnesota Lake to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

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 Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



Name(s) on the Account: \_\_\_\_\_

**Check One:**    ( ) Business            ( ) Personal

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: \_\_\_\_\_

Date(s) and/or frequency of debit(s): Processing once a month on the 15<sup>th</sup>; if the 15<sup>th</sup> falls on weekend or holiday, it will the next business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Minnesota Lake in writing that I (we) wish to revoke this authorization. I (we) understand that Minnesota Lake requires at least 15 business days prior notice in order to cancel this authorization. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 of Minnesota Lake may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$5.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.

Name(s): \_\_\_\_\_

*(Please Print)*

Contact Phone Number(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_