AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS & PAYMENTS (ACH)

Direct Payment via ACH is the transfer of funds from a Consumer /Non-Consumer account for the purpose of making a payment to the City of Blue Earth/ Faribault County Fitness Center.

Name on Account: _____

Address: _____

City/State/Zip: _____

BANKING INFORMATION

Financial Institution Name: _____

Account Type: ☐ Checking ☐ Savings
☐ Personal (PPD) ☐ Business (CCD)

Routing Number (9 Digits): _____

Account Number: _____

To prevent errors, please attach a **voided check** or a signed letter from your financial institution verifying your account details.

(OPTIONAL)

Check One: ☐ ***Beginning Payment*** ☐ ***Changing Payment Information***

Type of Entry:

☐ **Single Entry** (one-time payment)

☐ **Recurring Entries** (entries that recur at Substantially regular intervals, without further affirmative action by the Receiver)

Date of first debit: _____

I (We) agree that any ACH transactions I (We) authorize comply with the laws of the United States and all applicable laws. I (We) agree to be bound by the Nacha rules. "Rules" means the rules of the National Automated Clearing House Association (Nacha), as amended from time to time.

I (We) authorize the City of Blue Earth to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct any erroneous debits to my (our) account.

I (We) understand that the account specified above will be debited monthly on the 5th day of the month or the next business day following the 5th day of the month for the total amount due listed on the bill.

This authorization is to remain in full force and effect until I (We) revoke this authorization by notifying Echo Roggenkamp or Michelle Hall (Fitness Center Director) of its termination.

I (We) understand that City of Blue Earth requires at least 10 days prior notice to act on this cancelation request.

SIGNATURE

Authorized Signature: _____ **Date:** _____

Printed Name/Title: _____