

CITY OF RIDGETOP  
ACH APPLICATION

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ Check Here if you would like your bill  
emailed to you (when available)

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

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

I (we) authorize (City of Ridgetop), to initiate ACH entries to my account indicated below and the financial institution named below.

Financial Institution Name: \_\_\_\_\_

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

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

\*\* Draft will be taken on the 15<sup>th</sup> of each month



## Debit Authorization

I (we) hereby authorize (City of Ridgetop), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (water/sewer payments). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Print Individual ID Number) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**