



# CITY OF WAYNESVILLE

## UTILITY DEPARTMENT

100 Tremont Center  
Waynesville, MO. 65583  
Phone: 573-774-6171

### Authorization Agreement Direct Payments (ACH Debit)

I/we hereby authorize both the City of Waynesville, hereinafter called *City*, and the Financial Institution indicated below, to request and likewise debit the account provided in order to pay for Utility services with the City. I/we acknowledge the origination of ACH transactions to the account provided must comply with the provisions of U.S. law. ***It is the utility account holder's responsibility to keep the email address on file updated as long as the account is enrolled in our Paperless Billing Service. The City of Waynesville shall not be responsible, and shall have no liability, for any processing errors or fees incurred as a result of incorrect information provided by the utility account holder.***

**PLEASE NOTE:** All bills are due on the 15<sup>th</sup> of each month which is when your ACH debit transactions will occur, unless the 15<sup>th</sup> falls on a weekend. In those cases, said ACH debit transaction will occur the following business day following the weekend. If you do not receive a bill via email, please contact the Utility Department immediately in order to prevent penalties being applied after the due date. Failure to receive your bill is no cause for penalties to be waived.

#### FINANCIAL INSTITUTION

Name of Financial Institution:

Branch Location:

Phone Number:

Routing No:

Account No:

Account:    Checking    Savings

#### UTILITY ACCOUNT HOLDER'S INFORMATION

Primary Utility Account Holder's Name:

Address:

Email Address:

Phone Number:

*This authority is to remain in full force and effect until the City has received written notification from account holder of their intent to terminate the ACH agreement, in such time and manner as to afford the City and the Financial Institution a reasonable opportunity to act on their request. The utility account holder's email address is only available to the City of Waynesville and will not be made available to anyone else. By signing this form, the Utility Account Holder agrees to the terms and conditions shown on the back of this application.*

Utility Account Holder's Signature:

Date:

**PLEASE ATTACH COPY OF VOIDED CHECK**  
(Or Scan Voided Check and email with form)

#### FOR OFFICE USE ONLY

Application Received by: (Clerk's signature)

Account No:

Entered in Incode by: (Clerk's signature)

Date: