



City of Madelia
ACH Recurring Payment
Authorization Form

116 West Main Street
Madelia, MN 56062
507-642-3245

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's how Recurring Payments Work:

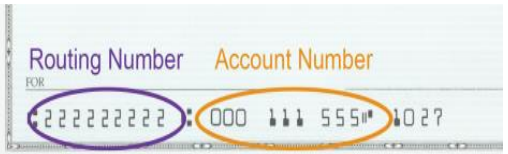
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your monthly utility statement each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification other than your monthly billing statement will be provided at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize The City of Madelia to charge my bank
(Full Name)

account indicated below on the 18th of each month for payment of my utility bill.

Service Address: _____ Phone: _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct: _____	
Bank Name: _____	
Account Number: _____	
Bank Routing #: _____	
Bank City/State: _____	

**Attach voided check or deposit ticket

City, State, Zip: _____ Email: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The City of Madelia 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Madelia may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____