CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize **THE CITY OF KENMARE** to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits[1]) 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 #:_____ Account #:_____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amount authorized]:_____.

I understand that the electronic debit will occur on the last business day of each month. Initial _____.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **THE CITY OF KENMARE** [i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that **THE CITY OF KENMARE**, requires at least [14 days/2 weeks] prior notice in order to cancel this authorization[2].

Name(s):_____
     (Please Print)

Date:_____ Signature(s):_____

_____

_____

1 The NACH Operation Rules do not require the consumers express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originations should consider obtaining express authorization of debits or credits to correct errors.

2 Written debit authorizations must provide that the Receiver may revoke the authorization only be notifying the Originator in the time and manner stated in the authorization. The reference to the notification should be filled with a statement of the time and manner that notification must be given in order to provide *The City of Kenmare* a reasonable opportunity to act on it (e.g., "In writing by mail to PO Box 816 Kenmare, ND 58746 that is received at least seven (7) days prior to the proposed effective day of the termination of authorization").