



## Consumer Authorization for Direct Payment Via ACH (ACH Debits)

Direct Payment via ACH is the transfer of funds from a Consumer Account for the purpose of making a payment.

Check one: ☐ Begin Payment ☐ Change Information

I (we) hereby authorize BankWest Bank, on behalf of the City of Summerset to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous credits at the depository financial institution (**banking institution** or "**DEPOSITORY**") named below.

Depository (bank) Name: \_\_\_\_\_

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

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

Account Type: ☒ Checking Account

Name(s) on the Account: \_\_\_\_\_

Service (home) Address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Debit Transaction Frequency:

☒ **Recurring Entries** (Transfers that recur at substantially regular intervals without further affirmative action by the Receiver)

Date of first debit: \_\_\_\_\_

**Number of and/or frequency of debits:** **Monthly** - The debit entry will have an effective date of **the 20th of the month** during which the bill is due. If this day falls on a non-business day, the effective date will be **the following business day**.

**Authorized debit amount (or method for determining amount):** **Total amount** as reflected on the billing statement prepared by the City of Summerset Finance Department.

I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Summerset by **email, in writing, phone** at **(605)718-9857**, or **in person** at 7055 Leisure Lane, that I (we) wish to revoke this authorization. I (we) understand that the City of Summerset requires at least **two weeks** prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

(Please Print)

Signatures(s): \_\_\_\_\_ Date: \_\_\_\_\_