ACH REQUEST FORM

Tiffin

REQUEST FOR DIRECT PAYMENT

EFFECTIVE DATE:_____ **Account #: _____**

BILLING NAME:_____

BILLING ADDRESS:_____

Street or PO Box *City* *ST* *Zip*

Please attach VOIDED CHECK ONLY – Deposit Slips will NOT be accepted.

Read Disclosure below before signing*

TERMS AND CONDITIONS FOR DIRECT PAY

1. Customer may terminate this agreement for any reason whatsoever by giving the City of Tiffin ("The City") written notice of the agreement's termination. Termination shall not be effective until three business days after The City receives customer's notice of termination.
2. Should the customer desire to place a "stop payment order" on any future debit, customer may do so by giving The City notice of at least four business days before the payment is to be processed
3. If the customer changes banks or bank accounts and wants to continue using the Direct Pay Program, customer must sign a new authorization agreement.
4. Customer will pay a returned item fee of $25.00 for any automatic debit entry that is returned to The City for insufficient funds or otherwise.
5. Automatic payments will be debited from the customer's bank account on or about the 20th day of the month. (If the 20th is a non-business day, payment will be made on the next business day).
6. The City will reimburse customer for any amounts wrongfully debited from the customer's checking or savings account. The City will not be liable for any other actual, incidental, consequential or special damages resulting from any wrongful debit from the customer's checking or savings account.
7. If you change address you will need to set up ACH with the new address. Your ACH does not transfer if your address changes.

Disclosure By signing the above request form, I authorize the City of Tiffin to initiate entries to my checking or savings account indicated above and authorize the financial institution (bank/credit union) named to debit my account for payment of my City of Tiffin Utility Account. I understand this authorization is subject to the terms and conditions of the Direct Pay agreement.**

AUTHORIZATION SIGNATURE:_____ DATE:_____

OFFICE USE ONLY:

Completed By:_____ Date Completed:_____