

TOWN OF QUEENSTOWN ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account every month. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

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

Here's How Recurring Payments Work:

You authorize regularly scheduled debits to your banking account. Your account will be debited the amount indicated on your billing statement on the due date.

Please complete the information below:

CUSTOMER WATER/SEWER ACCOUNT # _____

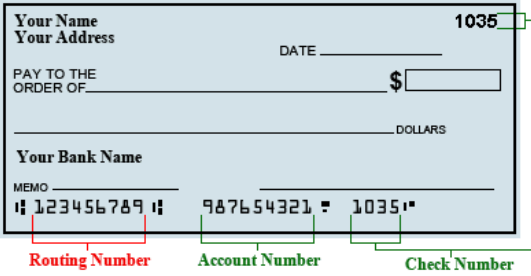
(To authorize ACH recurring payments for multiple water/sewer accounts, one form must be completed per account.)

Service Address _____

Mailing Address _____

Phone _____ Email _____

I _____ authorize TOWN OF QUEENSTOWN ("TOQ") to debit the bank account indicated below each month on the due date indicated on my billing statement for payment of my obligations. I understand that this authorization will remain in full force and effect until I notify TOQ in writing that I wish to revoke this authorization. I understand that TOQ requires at least 31 days prior notice to cancel this authorization. I understand that TOQ requires notice in writing of any other account information changes at least 7 days prior to the next billing due date.

BANK INFORMATION	
Select One:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Name on Account _____	 <p style="font-size: small; margin-top: 5px;"> Routing Number Account Number Check Number </p>
Bank Name _____	
Routing Number _____	
Account Number _____	
Bank City/State _____	

I understand that scheduled debits will begin with the first billing cycle following authorization and any balance outstanding at the time of authorization must be paid manually. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand and agree that an NSF fee may be assessed for each returned ACH debit.

SIGNATURE _____

DATE _____