



ACH Payment Authorization

The City of Albany now offers you the opportunity to make your water/sewer bill payments without writing a check. With your authorization, on the same day every other month, we will automatically be charging your account at your financial institution for the amount of your bill.

I (we) do hereby authorize the City of Albany and the financial institution named below to initiate debit entries to my (our) bank account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Customer Information

Name(s) _____

Phone # _____

Service Address _____

Account # _____

Email _____

Bank Details

Checking Savings

Bank Name _____

Routing Number _____

Account Number _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that the City of Albany, at its discretion, will attempt to process the charge again within 30 days, and I agree to an additional \$30.00 charge for each attempt returned NSF. I understand that I returned payments may affect my ability to remain on the auto payment plan. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the City of Albany has written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Albany and the financial institution a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM IF AVAILABLE

Return this form via mail, drop box, or in person:

City of Albany
PO Box 370
Albany, MN 56307

