



CITY OF FAIRMONT
 109 Merchant Street / PO Box 1428
 Fairmont, WV 26554
 Phone: 304-366-6213
 Fax: 304-366-6232

ACH (Automated Clearing House)
Pre-Authorized Payment Agreement (Debits)

This is my authorization to the City of Fairmont to automatically debit my

_____ checking account **OR** _____ savings account

_____ at
 Bank Transit/ABA No/Routing No Account No

_____ located in:
 Financial Institution

_____ , _____
 City State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

I UNDERSTAND THAT WHEN I SHUT OFF THE SERVICE, MY FINAL BILL WILL NOT BE AUTOMATICALLY WITHDRAWN FROM MY BANK ACCOUNT. IT IS MY RESPONSIBILITY TO MAKE SURE THAT THE FINAL PAYMENT IS MADE.

This authorization is non-negotiable and non-transferable.

_____ _____
 Customer Name Service Street Address

_____ _____ _____
 Date Signature Daytime Phone

_____ _____
 Email Address

PLEASE ATTACH A VOIDED CHECK

For City of Fairmont Use Only:			
Customer ID _____	Miscellaneous Info	Complete	
Update Bank Info Tab _____	Note Acct _____	Initial _____	Date _____