

CITY OF LOWELL
AUTHORIZATION AGREEMENT
ACH PREAUTHORIZATION PAYMENTS (DEBITS)

I hereby authorize THE CITY OF LOWELL to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my Checking or Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Financial Institution Name	City	State
Transit/Routing Number	Account Number	

- I understand that this authorization will be effective until I complete and turn in a Voluntary Termination ACH draft form at City Hall stating that I no longer desire this service, also allowing reasonable time for the City of Lowell 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 utility account only. No checks are issued at the counter at City Hall.
- I understand my drafts will not end until my final bill has been processed if I am closing out my current water account with the City of Lowell.
- I understand my draft amount is controlled by the consumption or amount of water I use monthly. The draft amount will not necessarily be the same each month due to either more water used or a potential rate increase. Also, if a leak goes unnoticed by me and the City of Lowell prior to the draft, I understand that the City of Lowell is not responsible for an overdraft on my account or penalties incurred by my financial institution. During the next month's billing cycle any potential credit will be placed back on my account after I have met all leak adjustment requirements.
- I understand if my draft utility payment is declined due to insufficient funds in my account, I will be charged a late fee and will be responsible for the full amount of my utility bill plus the late fee within five days in order to not have my service interrupted during the cut-off period on the 25th of the month. If my service is interrupted during the cut-off period I will also be charged a \$50 delinquent fee.

****** YOUR ACCOUNT WILL BE DRAFTED BETWEEN THE 12th AND 17th OF EVERY MONTH ******

Name: _____

Phone: _____ Email: _____

SS # (9 Digits): _____ Acct #: _____

Signature _____ Date _____

***** PLEASE ATTACH A VOIDED CHECK *****