



**TOWN OF CAPE CHARLES**  
**FED ID NUMBER 54-6001186**  
**AUTHORIZED AGREEMENT FOR AUTOMATIC UTILITY PAYMENTS (ACH)**

I (We) \_\_\_\_\_, authorize the Town of Cape Charles to charge my (our)  
(Print Full Name(s))

financial depository account as indicated below on the **15<sup>th</sup> of each month** for payment of my (our) Town utility bill (water, sewer & refuse collection.) I (we) acknowledge that the Town will continue to mail the monthly utility bill at the usual time each month to the address on file, and that it is my (our) responsibility to view the bill to ensure there are sufficient funds in my (our) financial depository account at the time of withdrawal, and to review for accuracy and potential leaks.

I (we) understand that this authorization will remain in effect until I (we) cancel it in writing, and I (we) agree to notify Town of Cape Charles in writing of any changes to account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment date falls on a weekend or holiday, I (we) understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I (we) understand that Town of Cape Charles may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30 charge for each attempt returned NSF, which *may* be initiated as a separate transaction from the authorized recurring payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) agree not to dispute this recurring billing with my (our) bank so long as the transactions correspond to the terms indicated in this authorization form.

Customer Name(s) \_\_\_\_\_ Utility Acct. No. \_\_\_\_\_

Service Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Email address \_\_\_\_\_ Depository (Bank) Name \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (select one)       Checking       Savings

**ATTACH A VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS)**

This authorization is to remain in full force and effect until the Town has received written notification from me (or either of us) of its termination in such manner as to afford the Town and the Depository a reasonable opportunity to act on it.

Name (Primary Account Holder) \_\_\_\_\_ (please print)

Name (Primary Account Holder) \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*The Town reserves the right to remove a customer from Automatic Payment Plan for just cause.**

Staff use: Date of ACH set-up \_\_\_\_\_ Staff member name \_\_\_\_\_