

# ACH BANK DRAFT PAYMENT SIGN-UP FORM



AUDITORS

## CUSTOMER INFORMATION

Name: \_\_\_\_\_

Customer No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

Bank Name: \_\_\_\_\_

Bank Routing/Transit No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Type (circle one):      **CHECKING / SAVINGS**

AccountNo: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions and that I am authorized to provided this information.

I authorize The City of Fargo to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to The City of Fargo will revoke this authorization.

The City of Fargo reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

\_\_\_\_\_  
Print Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Mail to The City of Fargo | 225 Fourth Street North, Fargo ND 58102**