

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 provide 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