

# **CITY OF BUXTON QUARTERLY BILLING**

## **ACH AUTHORIZATION FORM**

I/We authorize the City of Buxton to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our account at the Financial Institution indicated below. I/We understand that there will be a \$25.00 charge for any insufficient fund transactions.

<b>CUSTOMER DETAILS</b>			
NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
EMAIL:			

<b>PAYMENT DETAILS</b>	
BANK NAME:	
ROUTING NUMER (9-DIGITS)	
BANK ACCOUNT NUMBER:	
ACCOUNT TYPE:	Checking Savings (Please Check One)

I/We agree that my/our bank account will be debited on the January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> and October 1<sup>st</sup> for the total amount due on my/our account. In the event, that the 1<sup>st</sup> is not a banking day, my/our account will be debited on the next banking day. This authorization will remain in effect until I/we notify the City of Buxton in writing thirty (30) days prior to its termination.

_____ Name (Please Print)	_____ Authorized Signature	_____ Date
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_____ Name (Please Print)	_____ Authorized Signature (Joint Account)	_____ Date
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For Checking Accounts, please attached a voided check to this for. For Savings Account, please attach a preprinted deposit and contact you bank for their ABA Check Routing Number. Please either mail or email this completed form by the 10<sup>th</sup> day of month in order to start direct debit the following quarter to the City Auditor at:

**City of Buxton – PO Box 75 – Buxton, ND 58218**  
**Cell: (701) 330-4171 Email: [buxtonauditor@gmail.com](mailto:buxtonauditor@gmail.com)**