

**Town of Georgetown
ACH Form**

NAME: _____ **Utility Account Number:** _____

Property Address: _____

Authorization Agreement for Direct Payments (ACH Debits)

If account information changes, or you close the account, please notify us at least 5 business days prior to the 20th of the month to process. Incorrect information or lack of funds when ACH draft is processed will result in a \$35.00 fee. Accounts are processed on the 20th each month unless it falls on a weekend or holiday. The ACH will then be processed on the next business day.

I (we) hereby authorize Georgetown Municipal Utilities, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account___/Savings Account___ (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

DEPOSITORY NAME (Bank Name): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK ROUTING NUMBER: _____ **BANK ACCOUNT NUMBER:** _____

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

NAME(S): _____ **PHONE:** _____

DATE: _____ **SIGNATURE:** _____

PLEASE ATTACH A VOIDED CHECK.

Mail form and voided check to:
Georgetown Municipal Utilities
PO Box 127, Georgetown, IN 47122