

CITY OF RITTMAN  
30 N. MAIN ST  
RITTMAN, OH 44270  
330-925-2059

### ACH Recurring Payment Authorization Form

Schedule your utilities payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. A utilities bill will be mailed to your address as normal. A message of "Direct Payment- Do NOT pay" will be printed on the front of your utilities invoice. You will be charged the billed amount due each billing period. The charge should appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided.

**Please complete the information below and return to Rittman City Hall:**

I \_\_\_\_\_ authorize the City of Rittman to charge my bank account  
(Full name)

indicated below on the 10<sup>th</sup> day of each month for payment of my Utilities Invoice.

City of Rittman Account Number \_\_\_\_\_ (Located on the top right of invoice)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  Savings

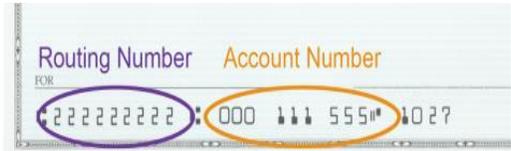
Name on Acct \_\_\_\_\_

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

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**\* Please attach a Voided Check or Savings Deposit/ Withdrawal Ticket from the above account to ensure accuracy. The agreement will not be accepted without this attachment. \***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Rittman in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City of Rittman will add an additional \$25.00 charge for each returned NSF which will be initiated as a separate transaction from the authorized recurring payment. The City of Rittman has the right to revoke this agreement, at any time, due to insufficient funds. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.