



**AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH Debit)**

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

I (we) authorize the CITY OF SHEFFIELD ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

\_\_\_\_\_ a single (one-time entry)

X  recurring entries (that recur at regular intervals, which may vary, without my affirmative action to initiate future entries)

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_

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

Type of account \_\_\_\_\_ (Checking or Savings)

Amount of debit(s) or method of determining amount of debit(s): PAYMENT IN FULL WILL BE DEDUCTED FROM THE BANK ON THE 12<sup>TH</sup> OR THE NEXT BANKING DAY FOLLOWING THE 12<sup>TH</sup> OF EACH MONTH

Start Date \_\_\_\_\_ Frequency of debit(s): MONTHLY

***I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.***

Receiver's Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

**ATTACH VOIDED CHECK**

City Utility Bill Account Number: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 9.17.2021

**Mayor:** Scott Sanders  
**Council:** Dave Smit, Brad Mulford,  
Becky Moellers, Ryan Kruger,  
Julia Showalter

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