



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 12TH OR THE NEXT BANKING DAY FOLLOWING THE 12TH 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: Brad Mulford
Council: Becky Moellers, Julia Showalter,
James Robbins, Ryan Kruger,
Sherri McGuire

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