



CITY OF FAIRMONT
 109 Merchant Street / PO Box 1428
 Fairmont, WV 26554
 Phone: 304-366-6213
 Fax: 304-366-6232

ACH (Automated Clearing House)
Pre-Authorized Payment Agreement (Debits)

This is my authorization to the City of Fairmont to automatically debit my
 _____ checking account

_____ at
 Bank Transit/ABA No/Routing No Account No

_____ located in:
 Financial Institution

_____ City State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

This authorization is non-negotiable and non-transferable.

_____ Customer Name Service Street Address

_____ Date Signature Daytime Phone

_____ Email Address

PLEASE ATTACH A VOIDED CHECK

For City of Fairmont Use Only:			
Customer Acct # _____	Miscellaneous Info	Complete	
Update Bank Info Tab _____	Note Acct _____	Initial _____	Date _____