



Utility Acct. # _____

Utility Address _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

_____ Hereinafter-called "Customer," hereby authorizes CITY OF CRETE-DEPARTMENTS OF PUBLIC WORKS to originate electronic entries transferring funds from (debits) Customer's account listed below at _____ (Customer's bank name).

The amount of any debits to Customer's Account will be based upon sums due to CITY OF CRETE-DEPARTMENTS OF PUBLIC WORKS.

The Public Works Department will use its best efforts to insure that all entries on Customer's account originated by The City of Crete-Departments of Public Works are in the correct amounts. However, Customer and Public Works Departments agree that Public Works Department will not be liable for any incidental or consequential damages associated with incorrect entries processed by _____ (Customer's bank name) and Public Works Department's request.

Customer understands that the financial institution will only accept electronic funds transfer orders when there are sufficient funds in Customer's account to process the entry. Customer agrees to maintain sufficient funds in the account to cover debit entries properly originated by the City of Crete-Departments of Public Works.

Customer further agrees to be bound by the operation rules of NACHA (National Automatic Clear House Association), by the rules and notices received from City of Crete-Departments of Public Works, and by the rules of Customer's financial institution. Customer acknowledges that the origination of ACH transactions must comply with the provisions of U.S. law.

Notice of termination by Customer of this agreement shall be effective 15 days after properly given and shall not affect entries originated prior to the actual receipt of such notice. City of Crete-Departments of Public Works may terminate this agreement at any time without notice. Notices will be considered properly given when deposited in the US Mail, certified, postage paid and properly addressed to City of Crete-Departments of Public Works at their place of business or delivered in person to City of Crete-Departments of Public Work's business address.

Customer's Name _____ Customer's Address _____

Customer's City and State _____ Signer's Signature _____

Customer's Financial Institution _____

Customer's Account Number _____ Institutions ABA number _____

Dated this ____ day of _____, 20__ Withdrawal Date: 10th 15th

VOIDED CHECK VOIDED CHECK VOIDED CHECK

(ATTACH A COPY OF THE CUSTOMER'S VOIDED CHECK HERE)

Cancellation of Preauthorization of Payments:

Signature: _____

Date: _____