

**City of Hanford
Utilities Division**

Return Form To:
315 N. Douty St., Hanford CA 93230
Tel: 559-585-2510
Fax: 559-582-1152
Email: utilitybilling@cityofhanfordca.com



ACH Authorization Form

Authorization Agreement for Direct Payments (ACH Debits)

New Application (Effective in 30 days) Change (Effective in 30 days)

Cancellation Will Be Effective 30 days from date received in office:
____/____/____
Date Sign Here Only If Cancelling

Utility Account No. (Office Use Only):

I hereby authorize the City of Hanford to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit my utility account balance to such account on the 8th day of each month effective immediately. If the 8th day of each month is a weekend or holiday, the account will be debited the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. Law.

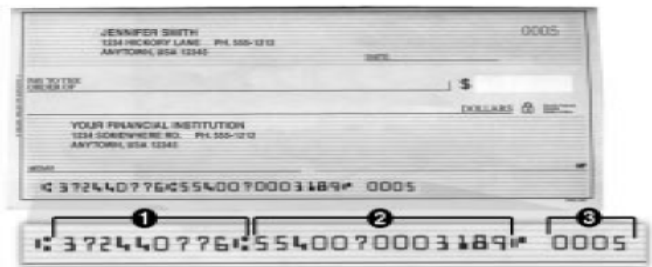
Bank Name(Depository): _____

Depository Routing Number (9 digits): _____

Depository Account Number: _____

Explanation of Check Numbers

- 1 Bank Routing/Transit Number** — This is a nine digit number separated by a bar and a colon |: **123456789** |:
- 2 Account Number** — This number may appear as the second, first or third series of numbers. Please read carefully.
- 3 Check Number** — Matches number in the upper right corner of check. **NOT REQUIRED FOR ACH.**



Any new service account, that at the time of signup, agrees to make automated payment (ACH) on their account for at least 12 consecutive months, will have the new service account deposit waived. If at any time during the first 12 month period, the ACH is cancelled or the payment is returned, the new water service deposit will be posted to the customer's account and it will become due.

This authorization is to remain in full force and effect until the City of Hanford has received written notification of its termination in such time and in such manner as to afford the City of Hanford and Depository a reasonable opportunity to act on it.

Service Address: _____ (Please Print)

Name on Account: _____ (Please Print)

Signature: X

Print Name: _____ (Please Print)

Today's Date: _____

*Contact Phone: _____