

City of Lockport

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

NAME _____ (PLEASE PRINT)

ADDRESS _____ PHONE NUMBER _____

I/ (we) hereby authorize the City of Lockport, hereinafter call CITY, initiate debit entries to my /(our) Checking account indicated below and the depository names below, hereinafter called DEPOSITORY, to debit the same such account.

RESPONSIBILITIES-CITY/PROPERTY OWNER

The CITY will:

- (1) Send the original tax bill with a notation that the tax amount will be automatically deducted from their designated account.
- (2) On or about the 10th day after a bill is issued, initiate an ACH transfer debiting the account here on provided.
- (3) Be responsible for any late fees or penalties incurred should the city fail to process the payment in a timely manner and in accordance with the information provided by the owner.

The OWNER will:

- (1) Provide the City with a voided check for verification of their account number.
- (2) Insure the appropriate funds are available at the time of the ACH transaction.
- (3) Reimburse the City for all fees incurred should monies not be available at the time of the transaction.
- (4) Provide the City with the updated changes to the original information in a timely manner and hold the City harmless should the appropriate changes not be made in a timely manner.

****IF CHANGING BANK INFORMATION-A NEW FORM MUST BE COMPLETED AND STAPLED ON TOP OF ORIGINAL****

BANK NAME _____

TRANSIT/ABA # _____

ACCOUNT # _____

(CHECKING)

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (/us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by the DEPOSITORY, provided I/ (we) send written notice of such debit entry error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAME (S) _____ DATE _____

SIGNED X _____ SIGNED X _____

PROPERTY AFFECTED BY THIS AGREEMENT:

ADDRESS _____

SBL # _____

This agreement will be used for the payment of the following real property taxes and/or water/sewer billings on the properties stated above.

CITY TAX ACCT NUMBER _____

NIAGARA COUNTY TAX ACCT NUMBER _____

ALL REFUSE BILLS ACCT NUMBER _____

ALL WATER/SEWER BILL ACCT NUMBER _____

Treasury office use only:

Excel spreadsheet added: Date: _____ Initials _____ Changes in Excel template: Date: _____ Initials _____ Deleted _____

ACH template added: Date: _____ Initials _____ Changes in ACH template: Date: _____ Initials _____ Deleted _____

Email Assessor's Department: Date: _____ Initials _____ Email Water Department Date: _____ Initials _____

NOTES:

Deleting per customer request: Date: _____; who called _____

Signature when possible: _____