

City of Lockport

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

NAME (print): _____ PHONE: _____

CURRENT ADDRESS: _____ EMAIL: _____

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.

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: _____

SIGNATURE (S): _____

PROPERTY AFFECTED BY THIS AGREEMENT

ADDRESS: _____

SBL: _____

		Excel S.S. (Date & Initials)		ACH template (Date & Initials)	
		ADD	DELETE	ADD	DELETE
This agreement will be used for these payment(s):					
<input type="checkbox"/> CITY TAX	ACCT NUMBER _____	_____	_____	_____	_____
<input type="checkbox"/> NIAGARA COUNTY TAX	ACCT NUMBER _____	_____	_____	_____	_____
<input type="checkbox"/> REFUSE	ACCT NUMBER _____	_____	_____	_____	_____
<input type="checkbox"/> WATER/SEWER	ACCT NUMBER _____	_____	_____	_____	_____
<input type="checkbox"/> WATER/SEWER	ACCT NUMBER _____	_____	_____	_____	_____

BANK NAME: _____ BANK NAME: _____

TRANSIT/ABA #: _____ TRANSIT/ABA #: _____

(CHECKING) (CHECKING)
ACCOUNT #: _____ ACCOUNT #: _____

****IF CHANGING BANKS MORE THAN TWICE-A NEW FORM MUST BE COMPLETED AND STAPLED ON TOP OF ORIGINAL****

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

Deleting per customer request: Date: _____ Signature when possible: _____

NOTES: Must be a WET SIGNATURE document of the request before the deletion happens.

****Attach documentation of the request of deletion****

H:treasury:Brittany:ACHPREAUTHORIZATIONFORM