

Town of St. Johnsbury Utility Billing
CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize, **Town of St. Johnsbury** ("COMPANY") to electronically debit my (our) account,
(And, if necessary, electronically credit my (our) account to correct erroneous debits ¹) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below
("Bank/Credit Union"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank or Credit Union Name _____ Checking ___ Savings_____

Bank Routing Number _____ Bank Account Number _____

Name of owner on the Account _____

The Town will debit your bank account for the exact amount of the payments on the actual due date for each bill. Please see bill for amounts and due dates. If you do not see the debit within 3 days of the due date please call.

Name of property owner(s) on Utility bill: _____.

Account #: _____. **Please only put one account # down. You must use a separate form for each account you want to enroll.**

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY of revocation, i.e., in writing, by phone, location, address, etc., that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least **15 days** prior notice in order to cancel this authorization.

I (we) also agree that the mailing to me by Company of my utility bill shall constitute the notice of change in amount of a debit Entry required under requirements of Article 2, Section 2.3.2.6 of the NACHA Rules, and I waive any further notice of change.

Name(s) _____ Email & Telephone _____

(Please Print)

Date _____ Signature(s) _____

THIS FORM MUST BE TO THE TREASURERS OFFICE AT LEAST 20 BUSINESS DAYS PRIOR TO THE DUE DATE OF YOUR UTILITY BILL. THIS FORM MUST BE ACCOMPANIED BY A BLANK, VOIDED CHECK FOR THE ACCOUNT WHICH YOU WISH TO HAVE DEBITED. Town of St. Johnsbury, 51 Depot Square, St. Johnsbury, VT 05819, 802-748-4331 x1.

If sufficient funds are not available in the above specified account on the day that the Town of St. Johnsbury processes the electronic withdrawal, I understand that my/our account will not be credited with a timely payment. I also understand that my/our account will then become delinquent and will be assessed penalty and interest as specified on my/our UTILITY BILL.

1 The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct

2 Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 51 Depot Square, Ste. 101, St. Johnsbury, VT 05819 that is received at least ten (10) days prior to the proposed effective date of the termination of authorization").