

City of Harvard Agreement for ACH Debit

A voided check must be attached to enroll or change bank accounts

Customer Name(s) (as it/they appear on your bank account)	
Service Address (residential only – include city, state and zip)	
Mailing Address (include city, state and zip)	
Customer Account Number (located on the right side of bill)	
Contact Phone Number	
I (We), the undersigned, hereby authorize City of Harvard , to initiate debit entries and/or correction entries to our checking account at the bank/depository named below. The ACH Debit transaction will take place three days prior to the due date . If the third day prior to the due date should fall on a weekend or holiday, the ACH Debit transaction will take place on the next business day.	
Bank/Depository Name	Branch Address (include city, state and zip)
Bank Transit/Route/ABA Number	Account Number
The authorization is to remain in full force until City of Harvard has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Harvard and bank/depository reasonable opportunity in which to act.	
Signature	Date