



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Authorization Agreement for Preauthorized Payments (ACH Debits)

Please provide the following information. When completed and signed you may submit it in person at City Hall, via mail, or fax, or by e-mailing it to Cindi Whittemore at cwhittemore@warrenton-mo.org

Customer's Name: _____ Utility Billing Account Number: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Select One:

ADD
(New Participant)

CHANGE
(Financial Institution and/or Account #)

DELETE
(Cancel Participation)

I hereby authorize the City of Warrenton, hereinafter called the City, to initiate debit entries for the amount of the utility billing invoice on a monthly basis and if necessary, initiate credit corrections or adjustment entries to my account at the financial institution indicated below.

This authority is to remain in full force and effect until the City has received written notification from an individual listed on the account of its termination in such a time and manner as to afford the City and the Depository Institution a reasonable opportunity to act on it. I understand that if payment is returned for insufficient funds, and returned payment fee will be charged.

Depository Institution:

Address: _____ City: _____ State: _____ Zip: _____

TRANSIT ROUTING NUMBERS:

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ACCOUNT NUMBER INFORMATION:

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Please Sign:

Customer Signature: _____ Date: _____

- Due to the time required for the City and financial institution to process this request, please allow one billing cycle for pre-authorization
- Tape your voided check in the space below or submit a financial institution verification letter.

IMPORTANT!

Type of Account: Checking: Savings: