

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount of your current monthly bill. A charge will appear on your billing statement as a "Bank Draft Payment". You are agreeing to have the current amount due that appears on your billing statement withdrawn from the account you have provided below.

I _____ authorize the Hazleton City Authority to charge my bank
Full Name account each month on the current monthly bill amount
owed, on the scheduled due date.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Hazleton City Authority Account Number: _____

Bank Details

Checking Savings

Account Name _____
Bank Name _____
Account Number _____
Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Hazleton City Authority in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Hazleton City Authority may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____