



500 N Rodeo Drive
Comanche, OK 73529
(580) 439-8832

ACH Payment Authorization Form

Sign and complete this form to authorize The City of Comanche to make a monthly debit to your checking or savings account.

By signing this form, you give us permission to debit your account for the amount indicated on your monthly bill on the tenth or the first business day after the tenth of each month.

Please complete the information below:

I _____ authorize The City of Comanche to charge my bank account
(full name)

indicated below on the tenth of the month or the first business day after the tenth of each month in the full amount due on my utility bill.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account # _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that The City of Comanche may at its discretion attempt to process the charge again within 10 days, and I agree to an additional \$50.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The City of Comanche's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. In order to terminate this ACH agreement The City of Comanche must be notified at least 48 hours before the next scheduled ACH.