



ACH AUTHORIZATION

By signing this form, you authorize a regularly scheduled charge to your bank account as indicated below:

I _____ hereby authorize the City of Oak Park to charge my Bank account Credit Card listed below as payment for my utility bill and any service charges that may occur before the 10th day of each month.

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Billing Address: _____

Phone number: _____ Email address: _____

PAYMENT INFORMATION

Account type: Checking Credit/Debit Card

Name on account/card: _____ Bank name: _____

Account number (#): _____ Routing number (#): _____

Credit/Debit Card (#): _____ Exp. Date _____ CVV: _____

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute these scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: _____ Date: _____