



## City of Shady Cove

### ACH Direct Payment Enrollment Form

#### Instructions:

Complete the enclosed Authorized Agreement for Direct Debit Payment

#### Checking Account Withdrawal:

Include a voided check (a deposit slip cannot be used)

#### Savings Account Withdrawal:

Include a deposit slip for the account

#### Authorized Agreement for Direct Debit Payments

I hereby authorize and request the City of Shady Cove to debit my (our) checking or savings account at the banking institution listed below for payment of sewer charges. I hereby authorize and request the banking institution to accept debit entries initiated by and to debit the same to my account without liability for the correctness for the entries. I understand that my account will be debited each billing cycle between the 12<sup>th</sup> and the 15<sup>th</sup> of the month.

It is understood and agreed that I may withdraw from participation at any time by notifying the Sewer Billing Department in writing by the 10<sup>th</sup> day of month after I am billed. If I withdraw after the 10<sup>th</sup> day of the month, my participation will not be terminated until the next billing cycle.

**\*A service charge of \$30.00 will be placed on your account for each returned transaction.**

City of Shady Cove Sewer Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Mailing Address (if different than service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check the type of account that you will use:  Checking  Savings

Banking Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the agreement and the voided check or savings deposit slip to:**

**City of Shady Cove  
PO Box 1210  
Shady Cove, OR 97539**