

City of Cassville  
300 S Main St, Cassville, MO 65625

## ACH Bank Draft Payments Sign-Up Form

### CUSTOMER INFORMATION

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

Account No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

Bank Name: \_\_\_\_\_

Bank Routing/Transit No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Type (circle one):    CHECKING    /    SAVINGS

Account No: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize City of Cassville to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to City of Cassville will revoke this authorization.

City of Cassville reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

\_\_\_\_\_  
Print Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date