

CITY OF HAYWARD MONTHLY WATER & SEWER PAYMENTS AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize the City of Hayward to debit entries to my checking and/or saving account indicated below at the depository financial institution named below, and to debit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

Additionally, I hereby authorize the City of Hayward to initiate credit entries to my account and the Depository to debit the same to such account, in the case were the incorrect amount has been debited to such account in error.

This authority is to remain in full effect until the City of Hayward or Depository has received written notification from me of its termination in such time and manner as to afford the City of Hayward or Depository a reasonable opportunity to act on it, or until the City of Hayward or Depository has sent me ten (10) days written notice of the City of Hayward or Depository's termination of this agreement.

DEPOSITORY FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name:	
Financial Institution Address:	
Financial Institution Routing Number:	
Your Account Number:	Checking OR Savings

HAYWARD WATER & SEWER UTILITY INFORMATION	
Account Number	
Name on Account	

Signature: _____

Date: _____

Print Name: _____

Please attach a voided check or bank verification of account.

NOTE: Written debit authorizations **MUST** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.