



CITY OF COVINGTON

333 W. LOCUST STREET, COVINGTON, VIRGINIA 24426

William E. Carson, Jr., Mayor
Fred F. Forbes, III, Vice Mayor
Susan S. Crowder, Councilwoman
Raymond C. Hunter, Councilman
Susan S. Wolfe, Councilwoman

Allen L. Dressler, City Manager
Mark C. Popovich, City Attorney
Amber N. Nicely, City Clerk

ACH PAYMENT AUTHORIZATION

I authorize the City of Covington to charge my bank account below for \$100.00 on the 8th or 18th of every month. This payment is for Water/Garbage/Sewer Services. Please complete questions and check all that apply.

Name on Bill: _____ Acct #: _____

New ACH: _____ or Change of ACH Information: _____

Service Address: _____ Phone #: _____

Bank ACH Information

Name on Bank Account: _____

Type of Account: CHECKING: _____ SAVINGS: _____

Bank Name: _____

Routing #: _____ Account #: _____

Date Preferred for ACH withdrawal: 8th _____ or 18th _____

***Please attach a voided check or a copy of a check with this form**

***Return your completed form to Central Accounting to be processed**

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed the business day before or after. In the case of an ACH transaction being rejected for Non-Sufficient funds (NSF) I understand that the merchant may charge \$35.00 for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of the U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify the merchant in writing of any changes on my account information or termination of the authorization at least 15 days prior to the next billing date. If the ACH is returned two consecutively, the ACH withdrawal will be cancelled and you will be responsible for paying your balance due by other means.

Customer Signature: _____ Date: _____