

CITY OF PRINCETON UTILITIES

City of Princeton
P O BOX 15
310 W. STATE ST.
PRINCETON, IN 47670
PH: (812) 385-3498

PROCEDURES & RULES FOR ACH (AUTOMATIC CLEARING HOUSE) PAYMENTS AT CITY OF PRINCETON UTILITIES

1. The City of Princeton Utilities will provide each interested customer with a Debit Authorization form that will need to be filled out and turned into the City of Princeton water department in person.
2. A voided check must accompany the authorization form.
3. A copy of the Driver's License for person on the checking account must be provided.
4. The first payment that will be deducted from the customer's checking account will occur on the 2nd month following a completed Debit Authorization form.
5. All payments will be taken out of the customer's account on the 16th every month.
6. The amount due will be the only amount debited from the customer's account, no more no less.
7. You, the customer must be current on your account to be able to sign up for ACH payments.
8. If you, the customer, wish to discontinue using the ACH payment program you must give the City of Princeton Utilities a 30 Business day notice.
9. If you, the customer, are unable to make a payment or a payment is rejected due to insufficient funds you will no longer be able to participate in the ACH program.

**If you have any questions or concerns please contact our office.
Monday thru Friday 8:00 am to 4 pm at (812) 385-3498**



Debit Authorization

I (we) hereby authorize City of Princeton hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution Old National Bank, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ Type of Acct. ___Checking ___Savings
(Routing #) (Account #)
Bank Name _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Soc. Sec #) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK AND DRIVERS LICENSE TO THIS FORM!