City of Osceola, Missouri

210 Olive St. · P.O. Box 561, Osceola, MO 64776 · Phone (417) 646-8421 · Fax (417) 646-2015

ACH Authorization Form

Recurring Payment Authorization Form

Please print clearly. Bring or mail the finished form to City Hall: 210 Olive St., or P.O. Box 561, Osceola, MO 64776.

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Recurring payments will make your life easier: it's convenient (saving you time and postage), and your payment is always on time (even if you're out of town), eliminating late charges.

Here's how recurring payments work: You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your monthly bill (in the Amount Due Now box). The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided (other than the bill) unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

AUTHORIZATION

Please complete the information below.

I, (full name)

_____

authorize the City of Osceola to charge my checking or savings account indicated below, for the amount shown due on my monthly bill, on the 5th of each month for payment of my Osceola Municipal Utilities Account.

BANK ACCOUNT

Name on account

_____

Bank name _____ Bank city and state _____ Account number _____

Bank routing number _____ Account type ☐ Checking ☐ Savings

TERMS

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Osceola Municipal Utilities in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that I will be subject to an additional $25.00 charge, subject to disconnection per the Osceola Municipal Utilities Policies and Procedures, and a $50.00 service charge for disconnection. All other conditions contained within the Policies and Procedures WILL still apply. I understand that Osceola Municipal Utilities may at its discretion attempt to process the charge again within 30 business days, and agree to an additional $25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of the ACH transactions 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.

SIGNATURE

By signing, I confirm the answers above are mine and are true and complete.

_____ _____ _____

Signature of account holder | Printed name | Date

FOR CITY HALL USE

_____ _____ _____

Utility account number | Received by (City staff) | Date set up

_____

Notes