

Town of Corydon

219 N. Capitol Ave.
Corydon, IN 47112
812-738-3958

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings 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)
- 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 water/sewer bill each monthly billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided. If you question the amount of your bill please notify the office immediately for an explanation or correction

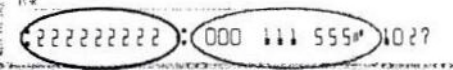
Please complete the information below:

_____ Name _____ Billing Account Number _____

authorize Town of Corydon to charge my bank account indicated below on the 15th of each month for payment of my water/sewer/trash bill.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	Routing No. Account No. 
Bank Routing # _____	
Bank City/State _____	

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Town of Corydon 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Town of Corydon may at its discretion attempt to process the charge again within 15 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 ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.