

City of Sullivan Application and Contract for Bank Debits of Utility Bills



-I hereby authorize the City of Sullivan to initiate monthly charges to my bank account, which is identified below.
-I also authorize the listed financial institution to make the monthly requested payment in accordance with this ACH plan.
-This authorization will remain in effect until the City of Sullivan has received a completed Termination of Contract, shown below, from the authorized parties to terminate this payment arrangement, and until the City of Sullivan has a reasonable opportunity to act on that notification.
-I agree that I am obligated to the City of Sullivan for both utility services and insufficient fund charges, in the event that a charge to my bank account is dishonored, for whatever reason, and that the City of Sullivan retains its' normal collection rights.

Customer Name	_____		
Utility Account Number	_____		
Service Address	_____		
Mailing Address	_____		
City	State _____	Zip	_____
Daytime Phone Number	Cell Phone Number	_____	

Name of Financial Institution	_____		
City	State _____	Zip	_____
Type of Account:	Checking _____	Savings _____	Other _____
ABA Routing Number:	Account Number:	_____	

Customer Signature for Activation: _____
Activation Completed by _____ Date _____

Termination of Contract for Bank Debits of Utility Bills



- I hereby terminate the current authorization agreement for the City of Sullivan to deduct utility payments from my bank account.
- I agree that I am still obligated to the City of Sullivan for further utility services, and that payment of services will be made by cash or check.

Customer Name	_____		
Utility Account Number	_____		
Service Address	_____		
Mailing Address	_____		
City	State _____	Zip	_____
Datyme Phone Number	Cell Phone Number	_____	

Customer Signature for Termination: _____
Termination Completed by _____ Date _____