ACH AUTHORIZATION

By signing this form, you authorize a regularly scheduled charge to your bank account as indicated below

I authorize the City of Oak Park to charge my ☐ Bank Account ☐ Credit Card listed below as payment for my utility bill and any service charges that may occur before the 10th day of each month.

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Account Number	
Service Address	
Billing Address (if different)	
Phone Number	
Email	

PAYMENT INFORMATION

Account Type	☐ Checking ☐ Debit Card ☐ Visa ☐ MC ☐ Discover ☐ American Express				
Name on Account (or) Card					
Card /Bank Name					
Account Number		Routing Number			
Credit Card Number		Exp. Date		CVV	

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute these scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Print Name:	
Signature:	Date:

Submit