

# City of Byron

## Water/Sewer Payments

### Consumer Authorization for Direct Payment

Begin Deposit

Change Information

I (we) authorize **City of Byron** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits). I (we) agree to have available funds in my (our) account on the designated date to effect this transfer.

Checking Account

Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Property Address: \_\_\_\_\_

Depository (Bank) Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount of debit(s): Monthly Amount Due Proposed Effective Date of 1<sup>st</sup> debit(s): \_\_\_\_\_

\*If this date falls on a Saturday, Sunday or bank holiday, this transfer will automatically be made on the following business day.\*

I (we) understand that this authorization will remain in effect until I (we) notify **City of Byron** in writing at least one week prior to the next settlement date.

Name(s): \_\_\_\_\_  
(Please Print)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_