



City of Belgrade

91 E. Central Ave.
Belgrade, MT 59714
Phone: 406-388-3760
Fax: 406-388-4996

Service Address _____

AUTOMATED CLEARING HOUSE (ACH) ORIGINATOR AGREEMENT
Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize the CITY OF BELGRADE to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account on the 15th day of each month, or the next business day if the 15th falls on a weekend or a holiday, for the current balance of my (our) account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

***** → PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM ← *****
(If you do not have checks for your account, please provide some form of documentation so we can verify the routing and account numbers)

Customer Bank Name: _____

Bank Address (if not a local bank): _____

City/State/Zip (if not a local bank): _____

Bank Routing Number _____

Bank Account Number _____

This authority is to remain in full force and effect until the CITY OF BELGRADE has received notification from Account Holder by phone or mail at the address listed above of its termination by the 10th of the month to afford the CITY OF BELGRADE a reasonable opportunity to act on it.

Print Account Holder Name _____

Print Addl Account Holder Name _____

Signature _____

Signature _____

Date Signed _____

Date Signed _____