

City of Bowman Recurring Payment Authorization Form

Please complete the information below:

I authorize City of Bowman and the financial institution named below to initiate entries to my checking/savings account. This authorization is to remain in full force until the City of Bowman has received written notification from (or either of us) of its termination in such time and in such manner as to afford the City of Bowman and Depository a reasonable opportunity to act on it. I understand that because this is an electronic, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In case of an ACH transaction being rejected for Non Sufficient Funds (NSF) I understand that City of Bowman may at its discretion attempt to process the charge again with 30 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 agree not dispute this recurring bill with my bank so long as the transactions correspond to the terms indicated in this authorization form.

*****Withdrawn on the 20th of each month for payment*****

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



The graphic shows a routing number '22222222' and an account number '000 555 027' with a checkmark.

Account Information

Effective Date	_____
Print Name	_____
Utility Account #	_____
Physical Address	_____
Phone #	_____

SIGNATURE _____

DATE _____