

# DIRECT DEBIT (ACH) AUTHORIZATION FORM

I hereby authorize LAGRANGE UTILITIES, and the depository financial institution named below, to initiate electronic debit entries, and if necessary, credit entries, to my account listed below. I also understand that it is my responsibility to make sure account and routing numbers are correct and accurate. Please return to:

301 Liberty Street  
La Grange, Ohio 44035  
or email to: [Utilities@villageoflagrangeohio.gov](mailto:Utilities@villageoflagrangeohio.gov)

Service Address: \_\_\_\_\_

\_\_\_\_\_  
Name on Utility Account

\_\_\_\_\_  
Utility Account Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

☐ Checking Account ☐ Savings Account ☐ New ACH ☐ Update

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Utilities Department, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date. If the noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF)/Closed Account, I understand that the Utilities Department may, at its discretion, charge my account an additional \$15.00 charge, which will be billed to my utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date