



222 Grand Valley Way
Parachute, CO 81635
(970) 285-7630 Ext. 113
info@parachutecolorado.com

ACH Payment Authorization Form

Please sign and complete this form to authorize The Town of Parachute to make monthly ACH debit from your bank account. Once you have completed this form please attach a voided check of the account you wish us to debit from for verification and security purposes.

By signing this form you give The Town of Parachute permission to debit your account the total amount as indicated on your TOP Utility bill. This permission is for monthly transactions to be debited on the 25th of each month, and does not provide authorization for any additional unrelated debits or credits to your account.

For your initial setup, a completed authorization form along with a voided check must be submitted by the 25th to have your account debited by the 25th of the next month. If the 25th falls on a weekend payment will be processed the next business day. Written cancellation of this agreement must be submitted to our office by the 25th to cancel payment for following month.

Please complete the information below:

I, _____ authorize The Town of Parachute to charge my bank account, listed below, the total amount due as indicated on my TOP Utility bill on or after the 25th of each month.

CUSTOMER NAME

Name: _____

Service Address: _____ Account number: _____

City, State, Zip: _____

Phone: _____ Email: _____

Name on Account: _____
Bank Name: _____
Bank Account Number: _____
Bank Routing Number: _____
Bank City/State: _____
This Bank Account is enabled for ACH Transactions <input type="checkbox"/> YES <input type="checkbox"/> NO

Signature: _____

Name (printed): _____ Date _____

I certify that I am an authorized user of the bank account as stated above and that I have the authority to authorize this payment on the accounts behalf. I understand that because this is an electronic transaction, these funds may be withdrawn from the account as soon as the above noted transaction date. In the case the transaction is returned for Non Sufficient Funds (NSF) I agree to an additional \$25.00 charge for each attempt returned NSF, which will be added to your Town of Parachute account balance. I have certified that the aboved bank account is enabled for ACH transactions, and agree to reimburse The Town of Patachute for all penalties and fees incurred as a result of my bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to the transaction. I ackknowlegde that the origiantion of ACH transactions to its account must comply with the provisions of the US law. I agree not to dispute this transaction with my bank or The Town of Parachute provided the transaction corresponds to the terms indicated in this authorization form.