



PULASKI
 WHERE YOUR NEW PATH BEGINS
 TOWN OF PULASKI
 FINANCE DEPARTMENT
 P.O. BOX 660
 PULASKI, VA 24301
 540-994-8640
 Finance@pulaskitown.org

ACH PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your checking account. Simply complete and sign this form to get started!

Automatic payments will make your life easier:

- It's convenient (saving you time and postage).
- Your payment will always be on time (even if you're out of town), eliminating late fees or service disconnection.

Here's how it works:

By submitting this form and providing us with a copy of a VOIDED check, you are authorizing the Town of Pulaski to automatically debit your designated checking or savings account by the amount of your Utility Bill each month on its due date. The charge will appear on your bank statement as "TOWN OF PULASKI/UTILITY." You will receive your monthly statement in the mail as usual for your records.

Please complete the information below:

I _____ authorize the Town of Pulaski to charge my bank account indicated below
 (Print full name)
 on the billing due date of each month for payment of my Utility Bill.

Utility Account # _____	Service Address _____
Billing Address _____	Phone # _____
City, State, Zip _____	Email _____

SIGNATURE _____ DATE _____

WE MUST HAVE A COPY OF A VOIDED CHECK TO PROCESS YOUR REQUEST

OFFICE USE ONLY:

Account Type: Checking

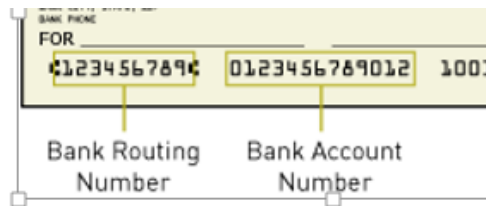
Name on Account: _____

Bank Name: _____

Account Number: _____

Bank Routing# _____

Bank City/State _____



I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify the Town of Pulaski in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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) I understand that the Town of Pulaski may at its discretion apply a \$45 NSF charge to the account and that if not reconciled, utility service will be disconnected. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute the billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.