

CITY OF KINDRED**ACH AUTO PAY - AUTOMATIC BANK DRAFT ENROLLMENT FORM**

We are pleased to offer a new way to pay your utility bills – ACH Automatic Bank Drafts. Now you can have your utility bills paid automatically each month directly from your checking or savings account with no service fees.

How does ACH Auto Pay work?

- On the 15th of each month, the amount due on your utility account will be withdrawn automatically from your checking or savings account as an electronic debit by the financial institution you provide below.
- Partial payments are not acceptable with ACH withdrawals, the full amount on your account is withdrawn.
- Any resident or business that receives a City of Kindred utility bill can sign up for this **FREE SERVICE! NO FEES!!**

To enroll, please complete the form below and return to Kindred City Hall, 31 5th Ave N, Kindred, ND 58051.

CUSTOMER INFORMATION

City of Kindred Utility Account Number:	Check One: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	Effective Date:	
Name(s):	Service Address:		
Name on Utility Billing Account (if different):	Mailing Address (if different):		
Email Address:	City:	State:	Daytime Phone Number:
How would you like to receive your billing notifications? <input type="checkbox"/> Email bill to address above <input type="checkbox"/> Mail printed bill	Would you like to receive email notifications (usage, delays, events) from the City? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FINANCIAL INSTITUTION INFORMATION – Please attach a voided check for verification of financial information.

Name (Bank, Credit Union, Savings Institution, etc.):												
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings								City:			State:	
Routing Number - This is a 9-digit number usually found in the bottom left corner of your check.												
Account Number - The exact location and number of digits varies from bank to bank but is usually found in the bottom middle of your check.												

- I/we understand that this authorization will remain in full force and effect until THE CITY OF KINDRED receives written notification that I/we wish to revoke this authorization. I/we understand that THE CITY OF KINDRED, requires at least 14 days prior notice in order to cancel this authorization.
- **I/we understand that the electronic debit will occur on the 15th of each month (or the following business day, if the 15th falls on a weekend or holiday).** Initial:
- I/we understand that because this is an electronic transaction, these funds may be withdrawn from my/our 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/we understand that the City of Kindred may at its discretion attempt to process the charge again within 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 to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature:	Date:
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If you have any questions about this program, please contact us at 701-428-3115 or cityofkindred@msn.com.