



# CITY OF RENSSELAER

RENSSELAER, INDIANA

## AUTOMATIC DEBIT AUTHORIZATION FORM

APPLICANT INFORMATION		
Name:		
Service Address:		
Phone #:	Alternate #:	
Email Address:		
FINANCIAL INSTITUTION INFORMATION		
Bank/Credit Union Name:		
Address:		
Phone #:	Fax #:	
Account Type: (Please Circle) Checking Account / Savings Accounts		
Routing No:	Account No:	
Effective Date:		
APPLICATION INFORMATION CONTINUED		
PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.		
_____ I authorize the City of Rensselaer and the Financial Institution listed above to initiate entries to my designated checking/savings account.		
_____ I may discontinue automatic debit by notifying the City of Rensselaer Billing Department, in writing, no less than 5 days <i>before</i> the due date.		
_____ I will notify the City of Rensselaer of any erroneous charges to my account no more than 15 days from the issuance of my Financial Institution statement. If said error is substantiated, the City will immediately initiate a credit to my account.		
_____ If a payment is returned by my Financial Institution, my account will be accessed a fee and will be subject to collection policies as established by ordinance.		
Applicant Signature:		Date
For Office Use Only:		
Book #:	Account #:	
Clerk initials and date completed		
Scanned:	CUBIC:	Laserfiche: