



AUTHORIZATION AGREEMENT FOR ACH DEBIT

The City will provide notice of the amount to be debited through the customer's utility bill, statement, or other written communication. Monthly charges will be debited between the first (1st) and seventh (7th) day of each month.

This authorization will remain in effect until the City receives written notice of termination at least ten (10) business days prior to the next scheduled debit date. Revocation requests must be submitted in writing to the City Utility Department.

Customer Information

Name: _____

Utility Account #: _____

Service address: _____

Telephone #: _____

Email: _____

Banking Information

Financial Institution Name: _____

Financial Institution Address: _____

Account Holder Name: _____

Type of Account:

☐ Checking

☐ Savings

Routing/Transit Number: _____

Account Number: _____

A voided check, bank letter, or official bank document verifying account ownership and routing information must accompany this application. Starter checks will not be accepted.

Security and Privacy Notice

Information provided on this form will be used solely for establishing and administering ACH payments for utility services and will be maintained in accordance with applicable state and federal privacy laws and record retention requirements.

Authorization Agreement

The undersigned account holder(s) hereby authorize the City of Keene Utilities ("City") to initiate recurring ACH debit entries to the account identified below for payment of utility services and, if necessary, to initiate credit entries and adjustments for transactions made in error. The undersigned certify that they are authorized signers on the account and have authority to authorize ACH transactions against the account identified below. This authorization shall remain in effect until revoked in writing in accordance with the terms stated herein. The undersigned acknowledge that ACH transactions authorized herein will be processed in accordance with applicable U.S. law.

Returned ACH debit transactions may be subject to applicable fees authorized by City ordinance or policy. The City reserves the right to discontinue ACH payment privileges for accounts with repeated returned transactions.

Account Holder Signature: _____

Date:_____

Joint Account Holder Signature (if applicable): _____

Date:_____

Return Completed Form by Email, Mail or In Person:

utilities@keenetx.com

City of Keene – Utilities

1000 N. Old Betsy Rd

Cleburne, Texas 76031

Phone: 817-641-3336 | www.keenetx.com