

**CITY OF STE. GENEVIEVE
165 S. FOURTH STREET
STE. GENEVIEVE, MISSOURI
573-883-5400**

ACH AUTHORIZATION FORM

I (we) hereby authorize the City of Ste. Genevieve, to initiate debit entries to my (our) bank account indicated below (the financial institution). This authorization will remain in effect until the City of Ste. Genevieve is notified by me (us). The City of Ste. Genevieve must be notified in writing thirty days in advance of the cancellation date.

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone Number: _____

ACH Details

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____

Account Number: _____

Account Holders Signature: _____ Date: _____

Please attach a cancelled check or a copy of a check to this form.

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ACH PAYMENT PLAN

Dear Customers,

We offer an automatic payment process. If you sign up for this process, your monthly water bill will be deducted electronically from your checking account. There is no charge for this payment option. Just follow the steps below:

- Complete the application for automatic payment process (ACH)
- Attach a check from your bank account marked VOID
- Return the completed application and the VOID check to our office
- Continue to pay your water bill in the manner you have done in the past until you receive your first bill with the wording, ACCOUNT DRAFTED DO NOT PAY, on the bill. Once you receive this bill, your direct payment will be in effect.
- Your bank account will be drafted each month on the due date
- To discontinue payment by the direct payment process (ACH), you must notify the city in writing thirty days in advance of the cancellation date.

If you have any questions please contact our office.

Sincerely,

City of Ste. Genevieve