

**City of Hanford
Utilities Division**

Return Form To:
315 N. Douty St., Hanford CA 93230
Tel: 559-585-2510
Fax: 559-582-1152
Email: utilitybilling@hanfordca.gov



ACH Authorization Form

Authorization Agreement for Direct Payments (ACH Debits)

☐ New Application (Effective in 30 days) ☐ Change (Effective in 30 days)

☐ Cancellation Will Be Effective 30 days from date received in office:

____/____/____
Date *Sign Here Only If Cancelling*

Received Date: _____ Initials: _____
Utility Account No. (Office Use Only): _____

I hereby authorize the City of Hanford to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit my utility account balance to such account on the 8th day of each month effective immediately. If the 8th day of each month is a weekend or holiday, the account will be debited the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. Law.

Bank Name(Depository):

Depository Routing Number (9 digits):

--	--	--	--	--	--	--	--	--

Depository Account Number:

Explanation of Check Numbers

- 1. Bank Routing / Transit Number**
- 2. Account Number**
- 3. Check Number**

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

044072324 000123456789 123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

Any new service account, that at the time of signup, agrees to make automated payment (ACH) on their account for at least 12 consecutive months, will have the new service account deposit waived. If at any time during the first 12 month period, the ACH is cancelled or the payment is returned, the new water service deposit will be posted to the customer's account and it will become due.

This authorization is to remain in full force and effect until the City of Hanford has received written notification of its termination in such time and in such manner as to afford the City of Hanford and Depository a reasonable opportunity to act on it.

Service Address: _____ (Please Print)

Name on Utility Account: _____ (Please Print)

Signature: X _____ Print Name: _____ (Please Print)

California ID & DOB: _____ SSN or Tax ID: _____

Today's Date: _____ *Contact Phone: _____