

TOWN OF GAINES
14087 RIDGE RD W
ALBION NY 14411-9106
(585) 589-4592
WWW.TOWNOFGAINES.ORG

ACH Recurring Payment Authorization Form

Schedule your water payment to be automatically deducted from your checking or savings account.

Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. Your bill will serve as prior-notification with the amount due debited from your account on the due date. Your bank statement will have a description of Gaines Water Debit.

Please complete the information below:

I _____ authorize Town of Gaines to charge my bank account
(full name)

indicated below on the billing due date of each quarter for the payment of my Water Bill to the Town of Gaines.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Town of Gaines in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 understand that the Town of Gaines may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.