



# ACH Authorization Agreement

## Terms and Conditions

Please print this form.  
Original signatures  
and initials are  
required, so it cannot  
be emailed.

Please initial each item below

1. **ACH-Pay Plan** will directly charge the bank account you have specified for the amount due on your bill. You will continue to receive an electronic Town of Wilkesboro Utility bill. On the **20<sup>th</sup>** of each month, your financial institution will automatically deduct the payment from your bank account and the Town will credit the payment to your Utility Account. If the processing date falls on a weekend or a bank holiday, the payment will be processed on the next business day. \_\_\_\_\_
2. Authorization of the ACH-Pay Plan with the Town of Wilkesboro **will require electronic E-Billing** for ACH customers. You will be responsible for fees, if any, charged by your financial institution for electronic payments. You will have **10 days** to review your utility bill for inaccuracies. If you detect a billing error, you must notify the Town's Utility Billing Clerk of the error and of corrections needed on or before the **15<sup>th</sup>** of each month and should you fail to do so, your financial institution will automatically deduct and remit to the Town the amount stated on the bill. \_\_\_\_\_
3. Upon receipt of your completed application for the ACH-Pay Plan, The Town of Wilkesboro will submit documentation to your bank which will then perform a "pre-note" to verify that the information is accurate. When your ACH-Pay Plan is in effect, your monthly statements from the Town will contain a notation near the top stating, "**DO NOT PAY-PAID BY BANK**". Until you receive a monthly billing statement from the Town that contains that notation, you must continue to pay your monthly utility bill to the Town as you have done previously. \_\_\_\_\_
4. You can discontinue your ACH-Pay Plan whenever you choose. To discontinue your ACH-Pay Plan, you must submit written notification of your request to the Utility Billing Clerk/Town of Wilkesboro on or before the **10<sup>th</sup>** of that month. If such a request is received by the town after the 10<sup>th</sup> day of any month, the ACH-Pay Plan withdrawal will occur as scheduled for that month but thereafter will be discontinued. The Town of Wilkesboro reserves the right to amend, suspend or discontinue the ACH-Pay Plan upon advance notice to plan participants. \_\_\_\_\_
5. If you move from one location to another location within the Town's utility service area, your ACH-PAY Plan must be updated with the Utility Billing Clerk/Town of Wilkesboro to remain in force. If you move from the Town's service area your final bill cannot be paid with the ACH-Pay Plan and must be paid in another manner. Please contact the Utility Billing Clerk with a forwarding address for the final bill and/or possible refunds of utility deposit.  
\_\_\_\_\_
6. If your financial institution declines payment to the Town because your account has insufficient funds (NSF), the Town will assess a "surcharge" of \$25.00 or 10% of the balance due, whichever is greater. You will then be required to pay the account balance and surcharge to the Town either by cashier's check, money order, and cash or credit/debit card and your utility services may be suspended at the discretion of the Town. Two NSF charges occurring within a 12 month period will result in the forfeiture of a right to participate in the ACH-Pay Plan. \_\_\_\_\_

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Individual/Company Name: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I (we) hereby authorize The Town of Wilkesboro to initiate debit/credit entries to my (our) banking account at the depository financial institution named below, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws.

Depository Name and Branch: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Indicate form of banking account: Checking \_\_\_\_\_ (attach voided check)

Savings \_\_\_\_\_ (attach deposit slip)

This authorization is to remain in full force and effective until the Utility Billing Clerk receives timely written notice from the utility account holder of the utility holder's desire to terminate participation in the Town's ACH-Pay Plan as stated in Paragraph 4 of the ACH Authorization Agreement.

Name/Company (print): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Bring a voided check with the form to:  
Town of Wilkesboro/Utility Department  
203 West Main Street  
Wilkesboro, NC 28697**

**Please allow 30 days for processing**