

**CITY OF SANDSTONE  
AUTHORIZATION AGREEMENT FOR  
DIRECT PAYMENTS (ACH DEBITS)**

**NAME** City of Sandstone      **ID #** 41 6005528

I (we) hereby authorize City of Sandstone, to initiate debit entries to my (our) account  **Checking account** or  **Savings account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 26<sup>th</sup> day of each month before the due date. I (we) understand that if the 26<sup>th</sup> lands on a weekend or holiday, it will be deducted on the next business day. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) understand that if the payment is denied because of insufficient funds the City of Sandstone will treat this the same as a check transaction and reserves the right to charge a Non-Sufficient Funds fee pursuant to the City of Sandstone's Fee Schedule.

**DEPOSITORY**

**NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ROUTING** \_\_\_\_\_ **ACCOUNT**  
**NUMBER** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

(PLEASE ATTACH A VOIDED CHECK)

This authorization is to remain in full force and effect until the City of Sandstone has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Sandstone and DEPOSITORY a reasonable opportunity to act on it.

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Contact Phone number** (\_\_\_\_) \_\_\_\_\_

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**NOT VALID UNLESS BACK IS ALSO SIGNED**

**Tennesen Warning**

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (anyone can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information).

The information we request from you may be used for such purposes as may be determined in the administration of policies, rules and regulations of the City of Sandstone. Submission of this information is voluntary, but it generally is to your benefit to provide it. Without the requested information, the City of Sandstone will not be able to process your electronic payment.

Disclosure of your bank account number is required for this process. The information you provide would be considered private and would not be given to the public.

The information you provide may be shared with the City of Sandstone's Utility staff, City Financial Institution, Your Financial Institution staff and other staff who require the information to do their jobs.

**Utility Customer: I have read and understand the above Tennesen Warning.**

**Signature:** \_\_\_\_\_

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

**Utility account(s) this form should be applied to:**

\_\_\_\_\_  
\_\_\_\_\_

**(List additional accounts as necessary)**