



Automated Clearing House (ACH)

Date: ___/___/20___

Account Holder Name:

Service Address

Madera, CA 9363__

Mailing Address (If different than above)

Phone No:

() _____

I would like to have payments withdrawn from my checking account monthly for utility account # _____ for address _____ to take effect immediately. I have provided a voided check for your records.

I would like to cancel any ACH payments on utility account # _____ due to a change and/or canceled bank account.

I would like to change ACH Bank information on utility account # _____ for address _____. I have changed banks and would like to update the bank account information for your records and start withdrawing payments from a new bank account. I have provided a voided check for your records.

I authorize the City of Madera to instruct my bank/credit union to deduct my payments from the checking account listed on the enclosed voided check. I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the City of Madera Finance Department in writing.

Signature:

PAYMENTS WILL BE WITHDRAWN FROM YOUR BANK ACCOUNT ON THE THIRD FRIDAY OF EVERY MONTH.

CITY OF MADERA
FINANCE DEPARTMENT
205 W 4TH ST
MADERA, CA 93637
559-661-5459
utilitybilling@madera.gov