



ACH PAYMENT ENROLLMENT FORM

Terms and Conditions for Participating in The ACH Payment Program

The following are the terms and conditions for participating in the Direct Deposit program.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the ACH Payment program.
2. You must complete this enrollment form to enroll in the ACH Payment program. This form must be signed and dated for processing. If you have a joint account, the form must be signed by both parties.
3. A voided check or deposit slip must be turned in with this form to enroll in the ACH Payment program.
4. Customer must provide a state or federal photo I.D. at the time this enrollment form is turned in to the City of Ashland, Missouri.
5. It is your responsibility to notify the City of Ashland, Missouri immediately of any changes in your account, such as account closure or change in account number. If a change is requested, please complete this form indicating the action is a Change, and specify the new account information.
6. If for any reason an ACH payment is returned to the City of Ashland, Missouri by your bank a \$25.00 fee will be charged. The amount due plus this fee will be due to the City of Ashland within two business days or service will be disconnected.
7. If the City of Ashland receives two insufficient funds notices from your bank within a twelve month period, we will assess a return check charge on each and will cancel your participation in the ACH payment program.

If you have any questions regarding this form, please contact City of Ashland at (573) 657-2091.