Authorization for Removal from ACH

City of Deming

309 S. Gold - PO Box 706 - Deming, N.M. - (575) 546-8848

Date:	Customer Name:
Account Number:	
Processed by:	Effective Date:

By signing this authorization, I give permission for the City of Deming to remove the checking/savings account information from my utility account. I also understand that it is my responsibility to ensure that payment is made by the due date associated with my bill. I understand that if payment is not received by the due date, I will be subject to late fees.

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Customer Signature Date