City of Lockport
AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

NAME (print): _____ PHONE:_____

CURRENT ADDRESS: _____

I/ (we) hereby authorize the City of Lockport, hereinafter call CITY, initiate debit entries to my /(our) Checking account indicated below and the depository names below, hereinafter called DEPOSITORY, to debit the same such account.

RESPONSIBILITIES-CITY/PROPERTY OWNER
The CITY will:
(1) Send the original tax bill with a notation that the tax amount will be automatically deducted from their designated account.
(2) On or about the 10th day after a bill is issued, initiate an ACH transfer debiting the account here on provided.
(3) Be responsible for any late fees or penalties incurred should the city fail to process the payment in a timely manner and in accordance with the information provided by the owner.
The OWNER will:
(1) Provide the City with a voided check for verification of their account number.
(2) Insure the appropriate funds are available at the time of the ACH transaction.
(3) Reimburse the City for all fees incurred should monies not be available at the time of the transaction.
(4) Provide the City with the updated changes to the original information in a timely manner and hold the City harmless should the appropriate changes not be made in a timely manner.

This authority is to remain in full force and effect until CITY and DEPOSITORY has received written notification from me (/us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by the DEPOSITORY, provided I/ (we) send written notice of such debit entry error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAME (S): _____ DATE: _____

SIGNATURE (S): _____

PROPERTY AFFECTED BY THIS AGREEMENT:

ADDRESS: _____

SBL #: _____

ACH template
(Date & Initials)

This agreement will be used for these payment(s):

			ADD	DELETE
❑	CITY TAX	ACCT NUMBER _____	_____	_____
❑	NIAGARA COUNTY TAX	ACCT NUMBER _____	_____	_____
❑	REFUSE	ACCT NUMBER _____	_____	_____
❑	WATER/SEWER	ACCT NUMBER _____	_____	_____

BANK NAME: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____
        (CHECKING)

IF CHANGING BANK INFORMATION-A NEW FORM MUST BE COMPLETED AND STAPLED ON TOP OF ORIGINAL

Excel spreadsheet added: Date: _____ Initials: _____ Changes in Excel template: Date: _____Initials: _____Deleted:_____

Email: Assessor's Date: _____ Initials: _____ Deleted: _____ Water Date: _____ Initials: _____Deleted:_____

Deleting per customer request: Date: _____ Signature when possible: _____

NOTES:
Must be a "signed" document of the request before the deletion happens.

Attach documentation of the request of deletion