Solid Waste Account #_____

Authorization Agreement
For Automatic ACH Payments

Ada County Billing Services:

I (we) hereby authorize **ADA COUNTY BILLING SERVICES** to initiate deductions from my/our bank account and the financial institution indicated, to debit the same to such account indicated below

☐ **Checking account** *or* ☐ **Savings account** *(select one)*

BANK NAME_____

TRANSIT/ABA*#_____CHECKING/SAVINGS ACCOUNT#_____

**The transit/ABA number is the first nine digits printed on the bottom of your check and is followed by your checking/savings account number.*

This authorization shall remain in full force and effect, until **ADA COUNTY BILLING SERVICES** has received written notification of its termination and accept that termination will take 30 days. Once terminated I/we understand that I/we are responsible for paying balances due by cash, check or money order.

NAME(S)_____ PHONE #_____DATE_____
(PLEASE PRINT CLEARLY)

SIGNED_____SIGNED_____

Signer on the account is ☐ Owner / ☐ Tenant / ☐ Business / ☐ Other _____

*****NO PAPER BILLING WILL BE SENT FOR ACH CUSTOMERS*****

Did You Remember To:

- Indicate whether you wish payments to be deducted from checking or savings?
- Include all requested bank and account information?
- Sign and date the form?
- Enclose a **VOIDED CHECK**?

Mail to Ada County Billing, PO Box 2780, Boise ID 83701 or **Fax to** 208-577-4719 or **Email** acbs@adaweb.net

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DEBIT DATES FOR AUTOMATIC PAYMENTS:*

RESIDENTIAL ACCOUNTS: AUGUST 10th ◆ NOVEMBER10th ◆ FEBRUARY10th ◆ MAY10th

COMMERCIAL ACCOUNTS: MONTHLY ON THE 25th OF EACH MONTH

****Application must be received by our office a minimum of five business days in advance of the debit date shown above for current processing**. If the payment date falls on a weekend or holiday, debit will occur on the first business day following.*

For County Use Only

Entered:_____ _____ Scanned:_____ _____ Payment Received
Initial Date Initial Date ☐ Yes ☐ No

X:\Forms&Templates\ACH NEW -- Authorization Updated 4-23-14.Doc