



**CITY OF FORT BRAGG  
FORT BRAGG WATER WORKS**

416 N FRANKLIN STREET  
FORT BRAGG, CA 95437  
(707) 961-2825 PHONE  
(707) 961-2913 FAX

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT-  
ACH (Automated Clearing House)**

The City of Fort Bragg is pleased to offer ACH for your utility bill! If you choose to have this service our bank will now be able to debit your checking or savings account for your water/sewer bill for **FREE**. All accounts will be debited on the twenty-fifth (25<sup>th</sup>) day of the odd months (January, March, May, July, September, November) or the next business day, for the bi-monthly amount due.

*A service fee of \$30.00 will be charged on any ACH returned unpaid.*

Please return this form with your current billing and **FULL PAYMENT** to the Finance Department at 416 N. Franklin Street, Fort Bragg, CA, 95437. Your deductions will begin on the next billing cycle. If you have any questions, please contact the Finance Department at 707-961-2825. Thank you for participating in this program.

**I (we) hereby authorize The City of Fort Bragg to keep my signature on file and to charge my (our) account for the balance of charges for water/sewer and not exceed the current billing cycle amount on a bi-monthly basis.**

**Depository Name (Bank):** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Checking** or  **Savings** (check one)

**This authorization is to remain in full force and effect until the City of Fort Bragg has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford the City of Fort Bragg and Issuing Bank a reasonable opportunity to act on it.**

**Signature:** \_\_\_\_\_

**City Account Number:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<u><b>City Use Only</b></u>	
<b>Acct#:</b>	_____
<b>Received:</b>	_____
<b>Entered:</b>	_____