

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. **You will be charged the amount due each tax and/or water billing period as well as a \$1.50 convenience fee for each bank transaction or 3.5% for each credit/debit card transaction.** You agree that the amount due is mailed to you each tax season and utility billing is mailed quarterly. Failure to receive the tax statement and/or the utility bill does not waive any amounts that are due.

I _____ authorize Berlin Charter Township/Invoice Cloud to charge my bank account the amount due for:

Please mark all that apply:

_____ Water Utility on the due date each quarter

_____ Summer Taxes on the due date each year

_____ Winter Taxes on the due date each year

Property Address or Parcel Number

Billing Information

Name on Account _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

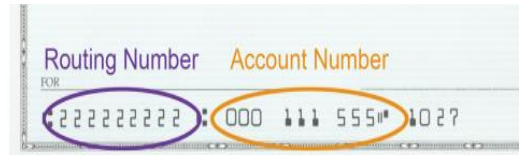
you will receive confirmation of payment if provided

Bank Details Checking Savings Personal Business
(\$1.50 convenience fee)

Bank Name _____

Routing Number _____

Account Number _____



Credit Card Details (3.5% convenience fee)

Credit Card Number _____

Security Code _____

Expiration Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Berlin Charter Township in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Berlin Charter Township may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$33.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____



Office Use Only:

Parcel ID Number

_____	_____
_____	_____
_____	_____

Utility Account Number

_____	_____
_____	_____
_____	_____

Entered into Invoice Cloud on _____ by _____

Opted out of Invoice Cloud on _____ and removed from Invoice Cloud by _____.

