AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please complete your bank information:

Depository Name:_____
(Bank Name)

Bank Phone Number:_____

City _____State_____Zip_____

Bank Routing Number:_____Account Number_____

Type of Account: Checking Frequency: Monthly

Effective Date of First Payment:_____(Payment amounts may vary)
This authority is to remain in full force and effect until Village of Woodhull Water & Sewer has received written notification from me (or either of us) of its termination in such time and in such manner to afford a reasonable opportunity to act on it.

I also understand that any debit entries returned to Farmers State Bank will be charged back against the account credited at the time of the ACH origination.

Customer Name_____ (please print)

Customer Phone Number: _____

Customer Email Address:_____

Signature required _____ Dated_____

Please attach a copy of your voided check below: