IMPORTANT!! Please be sure to attach a voided check for a checking account or a deposit slip for a savings account used for the ACH debit transactions.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Billing Account Name:	Service ID
I (We) hereby authorize THE VILLAGE OF CENTERBURG to initiate debit entries to my (our)checking/ savings (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge, that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.	
Depository Bank Name:	
Routing number: A	account number:
This authorization is to remain in full force and effect until THE VILLAGE OF CENTERBURG has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE VILLAGE OF CENTERBURG and DEPOSITORY a reasonable opportunity to act on it.	
Recipient Name(s):	Date
Signature(s):	

NOTE: Retain for at least 2 years after termination of last originated entry.