

Village of Centerburg

"In The Heart of Ohio"

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Billing Account Name: _____ Service ID: _____
Account Address: _____

I/we hereby authorize **The Village of Centerburg** to initiate debit entries to my/our account 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.

- Checking Account (must provide a voided check)
 Savings Account (must provide a voided deposit slip)

Depository Bank Name: _____

Routing Number: _____

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.

Recipients Name: _____

Date: _____

Signature: _____

Recipients Name: _____

Date: _____

Signature: _____

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

