

CITY OF HANLONTOWN

Customer Authorization to Initiate ACH Debit

I (we) hereby authorize _____ to make the following transfer of funds. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provision of U.S. law.

Customer Information

Name: _____

Address: _____

Debit Information

Debits for payment will occur on a recurring basis. These recurring debits will occur:

Frequency: Monthly Bi-Weekly Weekly Other _____

The date on which the first debit will occur will be:

Date Start: _____ and will occur in accordance with the frequency marked above.

The amount that will be debited in accordance with the above frequency will be:

Specific Amount: \$ _____ Amount Due as Indicated on Current Month Invoice

Bank Information

Bank Name: _____

Account Number: _____

Routing Number: _____

Disclosure Notice

This authorization will remain in effect until _____ receives written notification from me (us) requesting termination of the authorization agreement. To terminate this agreement, the request must be received _____ prior to scheduled debit date. The written notice must be mailed or delivered to _____.

Company

Address

Please contact us at _____ with any questions you may have.

Authorization: By signing below, you authorize the described transfer and acknowledge receipt of a copy of the completed agreement. You also confirm that you have required authority to authorize the transfer.

Customer Signature

Date