

AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) hereby authorize the **Village of Alexis Water & Sewer** to initiate debit entries from my (our) checking account indicated below at the depository financial institution names below.

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

Your Bank / Credit Union Name: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Type of Account: _____ Checking _____ Savings Frequency: Monthly

Effective Date of First Payment: _____

This authority is to remain in full force and effect until the **Village of Alexis Water & Sewer** has received written notification from me (or either of us) of it's 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.

Name(s): _____ (Please Print)

Water/Sewer Account Number: _____

Signed: _____ Dated: _____

Please attach a copy of a voided check below: