



Authorization Agreement for Direct Payment (ACH Debits)

Name: _____

Address: _____

Account Number: _____

Financial Institution Name/Branch _____

Savings _____ Checking _____

Routing # _____ Account # _____

I hereby authorize the Town of Annetta to execute ACH bank drafts from my account for payment of my utility bill. I understand that this authority shall remain in full force and effect until written notification of termination is received, from the Town of Annetta and me and my banking institution has had reasonable opportunity to act on it. I understand that nothing contained in this authorization shall serve to reduce my obligation to pay my utility bill and services may be disconnected should I fail to have sufficient funds in the above referenced account to cover the amount of the bill.

Print Individual Name

Signature

Date

Attach Voided Check Here, No Deposit Slips accepted