

Authorization Agreement for Direct Payment (ACH Debits)

I (we) hereby authorize the **Town of Palmyra**, hereinafter called **Company**, to initiate debit entries to my (our) Checking Account _____ or Savings Account _____ (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account for payment in full. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Date of Debit Entry - 17th of each month

This authorization is to remain in full effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

Please Attach a VOIDED Check

You will receive a normal bill at the beginning of the month, so you will be able to make sure that the amount billed is correct. You will see "Automatic Withdrawal, Do Not Pay", which indicates that your payment will be deducted from your checking or savings account on the 17th of each month, If the 17th falls on a weekend or holiday the payment will be taken from your account on the following business day.