

# AUTHORIZATION FORM

VILLAGE OF GOLF, IL

FOR OFFICE USE ONLY	CUSTOMER #	DATE		
<p>Effective date of authorization: ____/____/____</p> <p>Type of authorization:   <input type="checkbox"/> New authorization                      <input type="checkbox"/> Change payment amount           <input type="checkbox"/> Change payment date                                   <input type="checkbox"/> Change banking information           <input type="checkbox"/> Discontinue electronic payment</p>				
Last Name	First Name			
Address				
City	State	Zip		
Email Address				
<p><b>PAYMENTS:</b></p> <p>Payments will be debited on invoice due date</p> <p>Date of first payment: ____/____/____</p>				
<b>CHECKING / SAVINGS</b>	<p>Please debit payment from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (staple a voided check below)</p>		<p>Routing Number: _____</p> <p><b>Valid Routing # must start with 0, 1, 2, or 3</b></p> <p>Account Number: _____</p> <p><small>⑆ 23456789⑆ 123 123456⑆ 0001</small></p> <p><small>Routing Number                      Account Number                      Check Number</small></p>	
	<p>I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>Authorized Signature: _____ Date: _____</p>			

*If using a checking account, please attach a voided check to the bottom of this page.*