

ACCOUNTING DEPARTMENT



TOWN OF ELMA
WATER DEPT
5730 Seneca Street
Elma, NY 14059
(716) 674-8855
Fax: (716) 674-0929

Authorization Agreement for ACH Entries (Debit)

Company Name TOWN OF ELMA

Company Id Number 16-6002242

I hereby authorize THE TOWN OF ELMA, hereinafter called COMPANY, to initiate debit entries to my Checking Account, as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization extends to the amount of my quarterly Water billing usage and charges only.

CHECKING ACCOUNT

Depository Name _____ Branch _____

Routing Number _____ Checking Account # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The transaction shall occur on the 10th of the month in which the Water bill is due. I understand that the discount of 10% will be lost if the transaction rejects due to any error other than the COMPANY'S. Also, a \$25 NSF fee will be assessed, just as if a paper check had been returned by the banking institution.

Name _____ (PLEASE PRINT) Phone _____ Yes No
OK TO LEAVE MESSAGE?

Address _____

Signature _____ (DATE)

PLEASE ATTACH A VOIDED CHECK FOR PROPER VERIFICATION

OFFICE USE ONLY BELOW THIS LINE

Water A/C # _____ - _____

INITIALS DATE