

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBIT)**

Debtor: Village of Aviston

I (we) hereby authorize the VILLAGE OF AVISTON hereinafter called DEBTOR, to initiate debit entries to my (our)  Checking Account/  Savings Account (**select one**) indicated below at the depository financial institution named below hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Your designated account will be debited on  10<sup>th</sup>,  15<sup>th</sup> or  25<sup>th</sup> of each month for your entire utility bill. **If the date selected falls on a weekend or holiday, your account will be debited on the next business day.**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Village of Aviston Account Number \_\_\_\_\_ Email address \_\_\_\_\_  
 email bill only  USPS, paper statement  email & mailed

Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
(please print)

Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH COPY OF VOIDED CHECK/DEPOSIT TICKET

**We reserve the right to terminate an existing ACH agreement at our discretion without prior notice.**