

**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 10th or 25th 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.