

**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 names 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, ☐ 15th, ☐ 20th 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 and 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.