



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

Name (s) Printed: _____

Signed: _____

Date: _____ **Utility Account Number:** _____

Property Address: _____

Phone Number: _____

I (we) hereby authorize **Village of Eagle** to initiate DEBIT entries to my (our) account at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. I agree that my bank account will be debited on the due date of the Water Utility. This authorization is to remain in full force and effect until **Village of Eagle** has received written notification from the **Customer** of its termination in such time and in such manner as to afford **Village of Eagle** and resident's bank a reasonable opportunity to act on it. (Please attach a voided check or deposit ticket.)

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type:** ___ Checking ___ Savings

Please INITIAL what type of direct payment customer is initiating:

_____ **Direct Payment** (Quarterly Transaction on due date)

_____ **Fixed Amount/Direct Payment** – (Monthly transaction) - This amount will be taken from account ***no matter what the balance is.***