Village of Churchville
23 E Buffalo St
Churchville, NY 14428
585-293-3720

AUTHORIZED AGREEMENT

FOR

PREAUTHORIZED DEBITS FOR MONTHLY UTILITY PAYMENTS

I (we) hereby authorize the Village of Churchville to initiate debits entries to my (our) checking account at the depository (bank) names below. All debits to be made on the 15th of each month.

Bank Name: _____

Branch: _____

City: _____ State: _____

Bank's 9 digit Transit/ABA No. (if known): _____

Account Number: _____

Name(s) on Account:_____

_____

(Please Print)

Address: _____

_____

Date: _____

Signed: X _____

X _____

Telephone Number: _____

Reminder: Please attach a voided check. This may be cancelled at any time two weeks notice before any scheduled transaction.