



AUTHORIZED AGREEMENT

FOR

PREAUTHORIZED DEBIT FOR MONTHLY UTILITY PAYMENTS

I (we) hereby authorize the Village of Churchville to initiate a debit entry 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 Routing No. (if known): _____

Bank Account Number: _____

Name(s) on Account: _____

(Please Print)

Address: _____

Utility account number: _____

Date: _____

Signed: X _____

 X _____

Telephone Number: _____

**Reminder: Please attach a voided check or bank verification.
ACH may be cancelled at any time with two weeks notice before any scheduled transaction.**