



ACH Authorization Agreement

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: **VILLAGE OF CULLOM** Company ID Number: **37-0987865**

I(we) hereby authorize **VILLAGE OF CULLOM** to initiate debit entries to my (our) { } Checking Account, { } Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I(we) agree that the amount debited from said account will be equal to the balance due from water and garbage services from the preceding month, with such balance being provided on monthly billing statements. I(we) acknowledge that the authorized debit will be withdrawn from my (our) account on the 15th of each month (or the next business day if the 15th falls on a weekend or holiday). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Type of Account { } Checking { } Savings

The authorization is to remain in full force and effect until VILLAGE OF CULLOM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VILLAGE OF CULLOM and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Date _____

Signature _____ Signature _____