

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name VILLAGE OF BLISSFIELD Company ID Number 386006050

I (we) hereby authorize Village of Blissfield, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicate below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit to the same such account. 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 _____

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

Name(s) _____ Water Bill Acct. No. _____
Date _____ Signature _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

White - VILLAGE COPY • Yellow - CUSTOMER COPY