

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company		Company	
Name	VILLAGE OF BLISSFIELD	Number	386006050
to my (our) depository fi	authorize Village of Blissfield, hereinafte Checking Account / Savings Account institution named below, hereafter account. I (we) acknowledge that the original account must comply with the present the saccount of the sacc	count (select one) indic r called DEPOSITORY gination of ACH transac	cated below at the , and to debit to the
Depository			
Name			
(Bank)		Branch	
City		State _	
Routing		Account	
Number		Number	
	orization is to remain in full force and effection me (or either of us) of its termination COMPANY and DEPOSITORY a reason	in such time and in such	manner as to afford
		Water Bill	
Name(s)		Acct. No.	
Date		Signature	

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