



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (We) hereby authorize **Village of Ashley**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **Utility Payments**. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Financial Institution Name _____

Transit/ABA# _____

Account# _____

Type of Account: Checking _____ Savings _____

Start Date _____ Ending Date _____

Debit Date _____

The authority 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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Service Address _____ Account# _____

Print Name _____

Signature _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM