

ACH Debit Authorization



Name or Company Name: TOWN OF OLANTA

SSN or Company TIN: 57-6005203

I (we) hereby authorize, _____, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit 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.

Financial Institution _____ Branch _____

Address _____

City/State/Zip _____

Routing Number _____ Account Number _____

Type of Account: _____ Checking _____ Savings _____

Amount: _____ Frequency: _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____

Signature _____ Date _____

Please Attach Copy of Voided Check to This Form