

VILLAGE OF ALBERS
248-5154
AUTHORIZATION AGREEMENT
DIRECT CREDIT (ACH CREDITS)

I (we) hereby authorize the **Village of Albers** to initiate credit entries and debit entries limited to reversal of said credit to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to credit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Branch Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Note: The Routing and Account numbers may be found along the bottom of your check.

Type of Acct: Checking Savings

This authority is to remain in full force and effect until the **Village of Albers** has received written notification from me (or either of us) of its termination in such time and manner as to afford the **Village of Albers** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

First Name: _____ Last Name: _____

Telephone #: _____ Alternate #: _____

Email Address: _____

Service Address: _____

Service Acct #: _____

Signature

Date

****PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

Payments will be debited from your account on the 15th of each month. If the 15th falls on a weekend or holiday, this will take place on the next business day. Any change to the account must be reported to Village Hall prior to the last business day of the month.