

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)
FROM THE VILLAGE OF DUNCAN FOR WATER AND/OR SEWER USAGE**

I (we) hereby authorize the **Village of Duncan**, hereafter called COMPANY, to initiate debit entries from my account indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION, to debit the same from such account. I acknowledge that the origination of ACH transactions from my account must comply with the provision of the US law. This authority is to remain in full force and effect until the **Village of Duncan** has received written notification from me of its termination in such time and manner as to afford the **Village of Duncan** and FINANCIAL INSTITUTION a reasonable opportunity to act on it. The ACH debits will occur monthly on the 28th or on the Friday prior if the 28th falls on a weekend. Please continue to pay your bill, as usual, until you are notified that the system is set up and ready to make the continued monthly debits from your account.

Name _____

Address _____ PO Box _____

City _____ State _____ Zip _____

Home Phone Number _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name _____ Branch _____

Bank Address _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____ Checking _____ Savings _____

Signature of Account Owner _____ Date _____

PLEASE ATTACH VOIDED CHECK HERE (Do not submit a deposit slip)