

**CONSUMER AUTHORIZATION FORM FOR ACH TRANSACTIONS – Sewer Accounts Only**

I (We) authorize \_\_\_\_\_ (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for **(SELECT ONE)**

A single (one-time) entry

Recurring entries (**that recur on the 20<sup>th</sup> of every month**)

Subsequent entries (initiated under the terms of my standing authorization) that require my affirmative action to initiate those future entries

As follows:

Account Type **(SELECT ONE)**:

Checking Account

Savings Account

at the depository financial institution named below. I (we) agree that the ACH transactions, I (we) authorize comply with all applicable laws.

Financial Institution Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Date(s) including the start date and/or frequency of debit(s): **occurring 1x/month on the 20<sup>th</sup> of every month.**

**Amount withdrawn will be the amount that is due on the account for the month.**

Action(s) the Receiver must take to initiate a subsequent entry to a standing authorization: **PLEASE INCLUDE A VOIDED CHECK FOR THE ABOVE ACCOUNT.** If no voided check is included, ACH payments cannot begin.

I (we) understand that this authorization will remain in full force and effective until I (we) notify Paw Paw Township [insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. If payment date falls on a weekend or holiday, funds will be deposited the following business day. Customer shall be responsible for any loss, which may arise by reason of any error, mistake, or fraud regarding information the Customer has provided in this agreement. Customer may change any portion of the information provided under Financial Institution by giving at least 30 days written notice.

**Customer Authorization:**

Authorized Name(s) \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Utility Account Number(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_

For Internal Use

Date Received:	Received By:
Date Entered:	Entered By: