

ACH Authorization Form

DEBIT AUTHORIZATION FORM

I (we) hereby authorize THE TOWN OF NEWBURGH to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until THE TOWN OF NEWBURGH is notified by me (us) in writing to cancel it in such time as to afford THE TOWN OF NEWBURGH and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

(Premise/Account Number- Newburgh Utility or Water Account)

THE DOLLAR AMOUNT SHOWING DUE ON THE CURRENT TOWN OF NEWBURGH UTILITY BILL WILL BE DRAWN FROM THE ACCOUNT INDICATED BELOW ON THE DUE DATE OF EACH MONTH ACCORDING TO THE TERMS OF THE BILL.

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Please mark type of account: Checking _____ Savings _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION PURPOSES.