

Please print and complete ALL the information below.

124 S. Main Street Town Hall (765)963-2221 Fax (765)963-2961 Police (765)963-6497

Email: sharpsville@comcast.net

ACH AUTHORIZATION

Mailing Address: City, State, Zip: Service Address (If different from Mailing): Email address: _____ Utility Account Number: _____ (On the top of your utility bill) Phone Number: John Jones 124 Main Street Anywhere, MA 02345 Name of Bank: _____ Account #: _____ 9-Digit Routing #: (123456789) (1234567891011) (0259) **Type of Account**: □ Checking □ Savings (Check One) 9 digit Routing Number Account Check Number (1-17 digits) Number (do not include) The Town of Sharpsville is hereby authorized to debit the account listed above every month on the billing due date and debit the amount due on my utility bill. This authorization will remain in effect until I modify or cancel it in writing. I am responsible for having money in my account at the time of the withdraw. I understand I will not be contacted prior to the ACH withdraw. I also agree to pay any fee that may occur for not having money in my account. Date:____ Printed Name: