

## ACH AUTHORIZATION

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

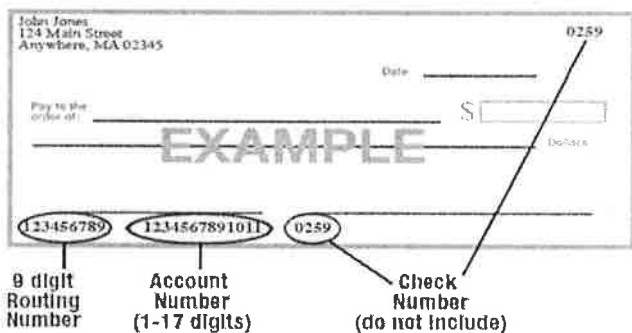
City, State, Zip: \_\_\_\_\_

Service Address (If different from Mailing): \_\_\_\_\_

Email address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_ (On the top of your utility bill)

Phone Number: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Type of Account:  Checking  Savings (Check One)

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_