

ACH AUTHORIZATION – ONE TIME PAYMENT

Please print and complete ALL the information below.

Name: _____

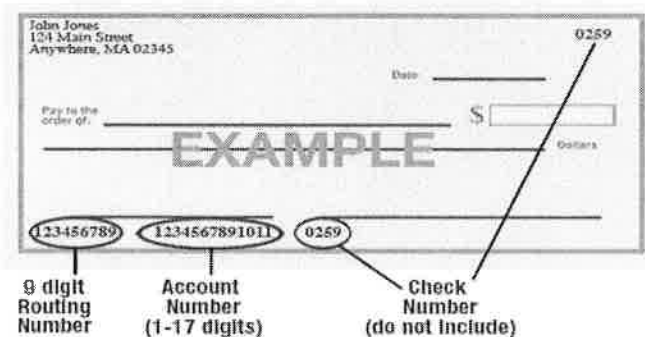
Mailing Address: _____

City, State, Zip: _____

Email address: _____

Phone Number: _____

Payment Amount: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

The Town of Sharpville is hereby authorized to debit the account listed for a one (1) time payment of _____. I am responsible for having money in my account at the time of the withdraw. I also agree to pay any fee that may occur for not having money in my account.

Signature: _____ Date: _____

Printed Name: _____