

9 digit

Routing Number

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

Email: sharpsville@comcast.net

ACH AUTHORIZATION – ONE TIME PAYMENT

Please print and complete ALL the information below. Mailing Address: City, State, Zip: Email address: Phone Number: _____ Payment Amount: Name of Bank: Account #: 9-Digit Routing #: (23456789) (123456789101D (0259) **Type of Account**: □ Checking □ Savings (Check One) Check Account Number Number (1-17 digits) (do not include) The Town of Sharpsville 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. Date: _____ Signature:

Printed Name: