

**TOWN OF BYHALIA-GAS AND WATER
AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)**

Customer Name: _____

I (we) hereby authorize _____
Hereinafter called Town of Byhalia-Gas and Water Dept., to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / **Savings Account** (select one)

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository
Name _____

City _____ State, ZIP _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: Utility bills fluctuate monthly

Date(s) and / or frequency of debit(s): Once per month

This authorization is to remain in full force and effect until I (we) notify Town of Byhalia-Gas and Water Dept. in writing, by phone, or location address that I (we) wish to revoke this authorization. I (we) understand that Town of Byhalia-Gas and Water Dept. requires at least 2 weeks prior notice in order to cancel this authorization.

Names (s) _____ Account # _____
Please Print

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK