

# NORTH MANCHESTER PUBLIC WORKS

## ELECTRONIC FUNDS TRANSFER ORIGINATION AGREEMENT

### AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

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

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

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ E-Bill

Financial Institution Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account is a  Checking  Savings \_\_\_\_\_

I hereby authorize the Town of North Manchester to debit my (our) account for the exact amount of my Utility bill each month or to make adjustments for any error made to my (our) account. This authority is to remain in full force and effect until written notice from me has been received by in such a manner as to afford reasonable time to act on it.

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

All payments are due on the 15<sup>th</sup> of the month. Your payment will be deducted on or around the **10<sup>th</sup>** of the month. In order to insure the correctness of the DEPOSITORY information, please attach a voided check (checking) to this authorization form.