

AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) DEBITS

Village of Lindenhurst

I (we) hereby authorize **Village of Lindenhurst**, hereinafter called "COMPANY", to initiate debit entries and if necessary, credit entries and adjustments for any debit entries in error to my/our account indicated below for payment of **Bi-monthly Water/Sewer or Sewer Only Bills**, and the depository named below, hereinafter called "DEPOSITORY", to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

ACCOUNT TYPE _____ (CHECKING OR SAVINGS)

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination, *fifteen days prior to any automatic debit date*, as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ SS NUMBER _____
(PLEASE PRINT)

ADDRESS: _____

DATE _____ SIGNED _____

DATE _____ SIGNED _____

*** PLEASE ATTACH A VOIDED CHECK TO THIS FORM ***

TERMINATION OF AUTHORIZATION AGREEMENT

EFF. DATE _____ SIGNED _____

(Must be 15 Days Prior to an Automatic Debit Date)