

Credit/Debit Authorization Form

I (we) hereby authorize The Village of Arcadia (*The Company*) to initiate a (*select one*-CHARGE X or CREDIT) entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing Transit Number
(Look between symbols " | : | " on your check)

Customer/Employee Signature

Date

Customer/ Employee Name (Please Print)

Checking Account # _____
may

If your account is to be charged, you

select a "Set Amount"

\$ _____

Or

"Maximum Amount"

\$ _____

Savings Account # _____

Please Attach a Copy of a Canceled Check or Deposit Slip

Village of Arcadia Utility Department
104 S Gibson St P. O. Box 235 Arcadia Ohio 44804
Village Ph (419) 894-6315 FAX (419) 894-6316 Utility Office Ph (419) 894-6009