

Village of St. Henry

Automatic Payment Authorization Form

I _____ authorize The Village of St. Henry to initiate entries to my savings/checking accounts at the financial institution listed below, and if necessary, initiate adjustments or any transaction credited in error to my account.

Please deduct the full amount of my bill on the 15th of each month.

Name: _____
(please print)

Address: _____

Telephone # _____

Please provide email if you would like your bill emailed to you. (Please print legibly.)

Name of Financial Institution: _____

Branch: _____ City: _____ State _____ Zip _____

Checking Account # _____

Routing Number: _____

(located on left hand corner of check)

=====

PLEASE ATTACH A BLANK OR VOIDED CHECK

Keep this portion for your records.

This authority will remain in effect until I notify The Village of St. Henry in writing to cancel this authorization form. To cancel, The Village needs 30 days notice.

Name: _____

Signature: _____

Effective: _____

I _____ hereby terminate this authorization.