Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)

ACH Authorization			
Individual / Company Name:	Village of Mt.Gilead	Account #:	

I (we) hereby authorize: Village of Mt.Gilead , hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ☐ Checking ☐ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until COMPANY/INDIVIDUAL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY/INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name(s):
Please print _____ _____

_____ _____
Signature(s) **Date**

I (we) wish for this transaction to take place starting on: _____ and to recur:

☐ once a month, ☐ every two weeks, ☒ other: Will be taken out of your account on the 10th of every month unless it falls on a weekend or holiday.

CHECK ONE: I am not currently participating in the Automated Payment Program.
☐ ADD – Debit the account shown.

I am currently participating in the Automated Payment Program.
☐ CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE
[Voided check not necessary, but recommended]