

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS via ACH

Direct Payment is the use of funds for making a payment. Individuals or organizations can send or receive a Direct Payment as an ACH credit or debit. Any ACH payment that is not a Direct Deposit is a Direct Payment.

I hereby authorize the Town of Tazewell, hereinafter called "COMPANY", to initiate debit entries to my account at the financial institution listed below, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. laws and regulations.

Depository (Bank) Information:

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____



Account Type: Checking/Draft Savings/Share

Amount to Debit: <u>Amount Owed</u>	Recurrence: <u>Monthly</u>	Date to Debit: <u>10th of every month</u>
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Initial _____ *I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Initial _____ *I understand that I am responsible for reviewing my utility bill and questioning any discrepancies prior to the date to debit my account.

Initial _____ *This authorization is to remain in full force and effect until COMPANY has received **written notification from me** of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Initial _____ *I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

Account Holder Name(s): _____ ID Number(s): _____

Signature(s): _____ Date: _____

Please attach a voided check or financial institution account verification document to this form.

Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Town of Tazewell Office Use Information

Name(s) On Utility Account: _____
Account Number : _____
Physical Address: _____
Phone Number: _____
Email: _____