



(ACH AGREEMENT)

AUTHORIZED AGREEMENT FOR AUTOMATIC PAYMENTS

**TOWN OF STRASBURG
ID NUMBER 54-6001633**

I (we) hereby authorize the Town of Strasburg, hereinafter called Town and my (our) depository financial institution named below, hereinafter called Depository, to automatically pay my (our) monthly utility bill (water, sewer, and refuse collection) from my (our) checking or savings account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. I (we) also acknowledge that it is my (our) responsibility to assure sufficient funds are available at the time of withdrawal.

Customer Name _____ Utility Account No. _____
Service Address _____ Phone No. _____
Depository (Bank) Name _____
City, State, Zip _____
Routing Number _____ Account Number _____

Type of Account (*select one*): Checking

Attach a voided check HERE

This authorization is to remain in full force and effect until the Town has received written notification from me (or either of us) of its termination in such manner as to afford the Town and the Depository a reasonable opportunity to act on it.

Name (Primary Account Holder) _____ (*please print*)

Name (Primary Account Holder) _____ (*please print*)

Signature _____ Date _____

Signature _____ Date _____

****The Town reserves the right to remove a customer from the Automatic Payment Plan for just cause.**