



### **AUTHORIZATION AGREEMENT FOR PAYMENTS (ACH DEBITS)**

I hereby authorize, the Town of Rockville, hereinafter called COMPANY, to initiate debit (withdraw) entries to my checking or savings account (choose one below) at the depository financial institution named below, hereafter called DEPOSITORY, and if necessary to electronically credit my account to correct erroneous debits. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name (Bank Name): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Please specify one: CHECKING ACCOUNT or SAVINGS ACCOUNT**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I (we) understand that this ACH debit will occur monthly on or around the 10<sup>th</sup> of each month.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Rockville Town Hall at 103 West High Street; PO Box 143 Rockville, IN 47872 in writing, that I (we) wish to revoke this authorization. I (we) understand that the Rockville Town Hall requires at least two (2) weeks prior notice in order to cancel this authorization.

I (we) understand that if the ACH is processed, and there are insufficient funds in the account listed, that the customer will be charged a fee of \$40.00.

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ **CUSTOMER ACCT. #** \_\_\_\_\_

### **AUTOMATIC PAYMENT CANCELLATION:**

I (we) wish to cancel the automatic debit (withdraw) from the account listed. I (we) understand that the Town of Rockville requires a two week notice to ensure that the debit/withdraw does not get debited from the account listed.

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town of Rockville  
103 West High Street, P.O. Box 143  
Rockville, IN 47872-0143  
765-569-6253