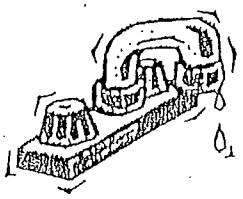
TOWN OF NEW MARKET

WATER/SEWER PREAUTHORIZED AUTOMATIC PAYMENT PLAN (ACH)



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of New Market to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Branch: _____

City: _____

State: _____ Zip: _____

Routing Number: _____

Account Number: _____

☐ Checking ☐ Savings

This authorization is to remain in full force and effect until the Town of New Market has received written notification from me (or either of us), of termination. The Town of New Market and the DEPOSITORY will act on the termination request in a reasonable amount of time, as determined by state law.

Name(s): _____

Utility Account #: _____

Date: _____

Signature: _____