

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(s):			
Branch:			
City:	State:	Zip:	
Phone Number:	s	x	
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:			