

ACCOUNTING DEPARTMENT



TOWN OF GRAND ISLAND

2255 Baseline Road
Grand Island, NY 14072
(716) 773-9600 ext. 614
Fax: (716) 773-9615

Authorization Agreement For ACH Entries (Debit)

Company Name TOWN OF GRAND ISLAND Company Id Number 16-6002263

I hereby authorize THE TOWN OF GRAND ISLAND, hereinafter called COMPANY, to initiate debit entries to my Checking Account, as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization extends to the amount of my quarterly Water/Sewer billing usage and charges only.

CHECKING ACCOUNT

Depository Name _____ Branch _____

Routing Number _____ Checking Account # _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The transaction shall occur on the 10th of the month in which the Water/Sewer bill is due. I understand that a late fee of 10% will be assessed if the transaction rejects due to any error other than the COMPANY'S. Also, a \$20 NSF fee will be assessed, just as if a paper check had been returned by the banking institution.

Name _____ (PLEASE PRINT) Phone _____ Yes No
OK TO LEAVE MESSAGE?

Address _____

Signature _____ (DATE)

PLEASE ATTACH A VOIDED CHECK FOR PROPER VERIFICATION

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OFFICE USE ONLY BELOW THIS LINE

Water A/C # _____ - _____

INITIALS DATE