

**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 # \_\_\_\_\_

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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 10<sup>th</sup> 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 \_\_\_\_\_ Phone \_\_\_\_\_ Yes No  
(PLEASE PRINT) 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