

ACH AUTHORIZATION FORM

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the **City of Centerville** on behalf of **Centerville Municipal Waterworks** to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Centerville Municipal Waterworks is notified by me (us) in writing to cancel it in such time as to afford Centerville Municipal Waterworks and the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

: 123456789 : 1234567890123 :

FOR OFFICE USE ONLY

Date Set Up: _____

First Withdrawal Date: _____