

VILLAGE OF FREEBURG
14 Southgate Center
Freeburg IL 62243
619-539-5545

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize THE VILLAGE OF FREEBURG, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Your account will be debited on or around the seventh of the month.

_____		_____	
(Financial Institution Name)		(Branch)	
_____		_____	
Address	(City-State)	(Zip)	
_____	_____	Type of Acct:	___ Checking ___ Savings
(Routing/Transit Number)	Account Number		

This authority is to remain in full force and effect until THE VILLAGE OF FREEBURG has received written notification from me (or either of us) of its termination in such time and manner as to afford THE VILLAGE OF FREEBURG and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____	_____
(print individual name)	(print individual name)
_____	_____
(contact phone number)	(utility account number)
_____	_____
(Signature)	(Signature)

(Date)	

PLEASE ATTACH COPY OF VOIDED CHECK (FOR CHECKING ACCOUNT) OR DEPOSIT SLIP (FOR SAVINGS ACCOUNT) TO THIS FORM