Direct Debit Authorization Form

I (we) hereby authorize the Village of Athens, to initiate debit entries for Utility Payments to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

_____ Type of Bank Acct: Checking_____
Financial Institution Name Savings _____

_____ _____ Type of Acct: Consumer _____
Routing # Account # Business_____

This authority is to remain in full force and effect until the Village of Athens has received written notification from me (or either of us) of its termination in such time and manner as to afford the Village of Athens and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I realize that utility bills may vary substantially, depending on usage and rates. Normal procedures will provide plenty of time to review my bill prior to deduction from my account. I understand that a returned check fee, plus applicable bank fees, will be charged when my bank account has insufficient funds for a payment to be processed. I further understand that the Village of Athens has the right to cancel this agreement for insufficient payments.

_____
Print Name

_____
Bill Number

_____ _____
Signature Date

Email Address_____ (bills will be emailed)

Phone Number _____

********Please attach copy of voided check to this form (if no copy is submitted, you will be responsible for any fees associated with providing incorrect banking information********