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.

_____ _____
Financial Institution Name Branch

_____ _____ Type of Acct: _____ Checking
Routing # Account # _____ Savings

Type of Acct: Consumer _____
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.

_____
Print Name

_____
Bill Number

_____
Signature

_____
Date

Email Address_____
We are hoping to be able to email bills in the near future, if this option becomes available, would you like to receive your bill electronically via your email?
Yes or No (please circle one)

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********