

## AUTHORIZATION AGREEMENT TO DEBIT ACCOUNT FOR PAYMENTS

I (we) hereby authorize the **Village of Viola** to initiate debit entries from my (our) checking account indicated below at the depository financial institution name below.

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name (Bank/Credit Union) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_

Frequency: **On monthly due date**

Effective Date of First Payment: \_\_\_\_\_

This authority is to remain in full force and effect until the **Village of Viola** has received written notification from me (or either of us) of its termination in such time and in such manner to afford a reasonable opportunity to act on it.

I also understand that any debit entries returned to Farmer State Bank will be charged back against the account Credited at the time of the ACH origination in addition to a \$20.00 NSF charge.

Name(s) \_\_\_\_\_ (please print)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

**Please attach a copy of a voided check below:**