

Debit Authorization

I (we) hereby authorize **Village of Ceresco** hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **Village of Ceresco Utilities**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Your Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Bank Routing Number) (Account Number to be debited) Type of Acct: ___ Checking ___ Savings

This debit will be for the amount billed on your monthly Village of Ceresco Utilities Statement. This debit will occur on or after the 25th of each month

This authority is to remain in full force and effect until **Village of Ceresco has received written notification from me (or either of us) of its termination** in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. If payment cannot be drawn due to insufficient funds, I understand additional fees will be assessed.

(Print Individual Name) (Signature)

(Print Village Utility Account Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Office Use Only:

Date entered

Initials