

**Authorization Agreement For
Automated Clearing House Transactions
(ACH Debits)**

ACH Authorization			
Individual / Company Name:	Village of Mt.Gilead	Account #:	

I (we) hereby authorize: Village of Mt.Gilead, hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

Name(s):
Please print _____

Signature(s) **Date**

I (we) wish for this transaction to take place starting on: _____ and to recur:
 Will be taken out of your account on the 10th of every month unless it falls on a weekend or holiday.
 once a month, every two weeks, other: _____

CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.
 I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE
[Voided check not necessary, but recommended]