

Town of Twin Bridges
Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: Begin Payment Change Information

I (we) authorize _____ ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account / Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____

Routing number: _____

Account number: _____

Name(s) on the account: _____

Debit transaction frequency:

- Single Entry** (one-time payment)
- Multiple Entries** (multiple entries that may not occur at substantially regular intervals)
How will subsequent Entries be allowed?
- Telephone
- Internet
- Other: _____
- Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: _____

Authorized debit amount (or method for determining amount): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Town of Twin Bridges in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that the Town of Twin Bridges requires at least 30 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____ Signature(s): _____