

# AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize LAVALE SANITARY COMMISSION to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provision of U.S. law.

\_\_\_\_\_ (Financial Institution Name) \_\_\_\_\_ (Branch)

\_\_\_\_\_ (Financial Institution Address) \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Routing/Transit Number) \_\_\_\_\_ (Account Number)

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

**Transactions will be processed on or around the 15<sup>th</sup> of each month.**

\_\_\_\_\_ (Print individual name) \_\_\_\_\_ (Print individual name)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

**LSC ACCOUNT NUMBER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_