

Dr-auth

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize LAVALE SANITARY COMMISSION, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, 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)	

(Address)		(City, State)	(Zip)
_____		Type of Acct: ___Checking ___Savings	
(Routing/Transit Number)	(Account Number)		

This authority is to remain in full force and effect until COMPANY 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. Transactions will be done on the 15th of each month.

_____		_____	
(Print individual name)		(Print individual name)	
_____		_____	
(Signature)		(Signature)	
_____		_____	
(Date)		(Date)	

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains copy)***

ACCOUNT NUMBER: _____