

AUTHORIZATION FOR DIRECT PAYMENT

(*ACH service may be denied if this form is in-complete***)**

I (We) authorize The Town of Syracuse and the financial institution named below to initiate entries to my (our) checking/savings account on the 10th day of each month* for payment of my (our) water/sewer bill. **I (We) understand that the amount deducted each month can vary, but that the amount of the withdrawal will be provided to me (us) in my (our) monthly statement from The Town of Syracuse.**

This authority will remain in effect until I (we) notify The Town of Syracuse in writing to cancel it in such time as to afford them a reasonable opportunity to act on it. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Your name – please print)

(Phone Number)

(Utility Service Address – please print)

(Service Address Account Number)

(Name of financial institution)

(Financial Institution City)

(Financial Institution State)

(Financial Institution Zip Code)

(Signature)

(Today's Date)

Checking? Savings? Banking Account Number _____

Financial Institution Routing Number _____
(Between these symbols |: |: on the bottom of your check) *

--- A voided check* or Set-Up Form from the bank is also required for processing ---**

***If a voided check or deposit ticket is provided, a "test" transaction will need to be done. That means you may still have to pay with a check, cash, or money order before it will be withdrawn automatically.**

**** If a Set-Up Form (memo or letter from Financial Institution) is provided, a test transaction would be waived, and automatic withdrawal would occur immediately.**

RETAIN THIS PORTION FOR YOUR RECORDS

On _____ (today's date), I (we) authorized The Town of Syracuse, 310 N. Huntington Street, Syracuse, IN 46567 to initiate electronic entries to my (our) checking/savings account to pay my (our) water/sewer bill and have agreed to the terms listed on the authorization. I (We) may revoke my (our) authorization with The Town of Syracuse at any time by writing to the address above.

I (We) understand that the amount deducted each month can vary, but that the amount withdrawn will be provided to me (us) in my (our) monthly statement from the Town of Syracuse.

*** I (We) also understand that the direct payment will be withdrawn from my (our) checking/savings account on the 10th day of each month, or the first business day following, should the 10th fall on a Saturday, Sunday or holiday.**

Automatic Draft payments will start for the **bill due** on _____.