



## Utility Billing Direct Debit (ACH) Authorization Agreement Form

**Authorization must be received by the 21<sup>st</sup> of the month preceding the payment due date.**

### Authorization Agreement

I hereby authorize Village of Lindenhurst to initiate automatic debit entries from the financial institution named below. I also authorize Village of Lindenhurst to make credit entries to this account in the event that a debit entry is made in error. Authorization is granted for payments of Bi-Monthly Utility bills only with the Village of Lindenhurst.

Further, I agree not to hold Village of Lindenhurst responsible for any delay or lack of payment due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution.

This agreement will remain in effect until Village of Lindenhurst receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to the Village of Lindenhurst. 30 days notice required.

### Bank Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

### Resident Information/Signature

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Village of Lindenhurst 30 days prior to due date

Termination of ACH debit authorization

Authorized Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

