



TOWN OF FARMVILLE

Finance Department

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of Farmville, Virginia, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** / **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 15th of each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until the Town of Farmville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Phone # _____ Utility
(Please Print) Acct # _____

Date _____ Signature _____

**Please include a voided check or institution documentation stating
account number and routing number with completed form.**

The Town of Farmville reserves the right to cancel this agreement at any time.