VILLAGE OF HOWARD CITY

AUTOMATIC PAYMENT (ACH DEBIT) AUTHORIZATION AGREEMENT

I (we) hereby authorize the Village of Howard City to initiate debit entries to my checking/savings account at the financial institution listed below; and, if necessary, initiate adjustments for any transactions credited or debited in error. The payment will be transferred from your account on the 20th of each month.

Name of Financial Institution:_____

Financial Institution Routing /ABA #:_____

Type of Account to be Debited: ☐ Checking ☐ Savings

Account Number:_____

This authorization is to remain in full force and effect until the Village of Howard City has received written notification by me (or either of us) of its termination in such time and in such manner as to afford the Village of Howard City and Financial Institution a reasonable opportunity to act on it. I (we) also authorize the Village of Howard City to initiate a debit to my (our) account for any charges the Village of Howard City incurs if a debit to my (our) account is rejected due to insufficient funds.

_____ _____ _____
First Name Middle Last Name

_____ _____ _____ _____
Address City State Zip

_____ _____
Telephone Number Work Telephone Number

_____ _____
Signature (Required) Date

Please staple a voided check or deposit ticket to this completed form and return to the Clerk's Office:

Clerk's Office
Village of Howard City
125 E Shaw
PO Box 510
Howard City MI 49329
Ph: 231-937-4311 Fax: 231-937-6643