

Village of Andover
35 E Greenwood Street - P.O. Box 721
ANDOVER, NEW YORK 14806

OFFICE OF THE CLERK

OFFICE: 607-478-8455
FAX: 607-478-8928
PUBLIC WORKS: 607-478-8452

AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARNGHOUSE PAYMENTS (ACH)

I (we) hereby authorize the Village of Andover, hereafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereafter called DEPOSITORY, to debit the same to such account.

Depository/
Bank Name _____

Branch _____

City _____

State _____ Zip _____

Transit/
Routing # _____

Checking or Savings Account? (select one please)
Account # _____

This authority is to remain in full force until COMPANY AND DEPOSITORY have received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

Applicant
Name(s) _____

Utility Account # _____

Telephone # _____

Signed X _____

Date _____

Signed X _____

Date _____

(ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP BELOW PLEASE):

John Doe		
123 Main St		1234
Hometown, ZZ 12121		
Pay to the order of _____	\$ _____	
Bank Name		
For _____		
:099888777	///"23""45678 9//	1234
transit/routing number	account number	check number

"This institution is an equal opportunity provider and employer.. To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3727 (voice) or (202) 720-6382 (TDD)"