

**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)"