

**The Village of Andover is now offering Automatic Clearinghouse (ACH) payment processing for our utility customers!!**



**You can now have your utility payment automatically withdrawn monthly from your designated checking or savings bank account on the due date--(normally due the 20th of each month). This will eliminate mailing or paying your bill In person!**



**You will still receive your monthly utility bill on the 1st for review. Your bill will be stamped: "Do Not Pay - Amount will be deducted on due date". (The payment due date/bank withdraw date will be included on the bill.)**



**Save time!!**



**Save money!!**



**Save postage!!**

**There is no charge to the customer!! This is a free service!!**



**Simply complete the application on reverse side of this notice or call the Village Office at 607-478-8455 for further details or information.**

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**Village of Andover**  
4 South Main Street-PO 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""46678 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)"