

IMPORTANT!! Please be sure to attach a voided Check for a checking account or a deposit slip for a savings account used for the ACH debit transactions.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: Village of Johnstown

Company ID Number: 31-6014548

I (we) hereby authorize Village of Johnstown, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking / _____ Savings (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Bank Name: _____

Telephone Number: (_____) _____

Routing Number: _____ Account Number: _____

*I understand that my debit amount may change monthly due to changes in usage amounts.

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

Recipient Name(s) _____ Utility Account Number _____

Signature: _____ Date: _____