

Town of Alexandria – Water Department

Direct Payment Authorization Form

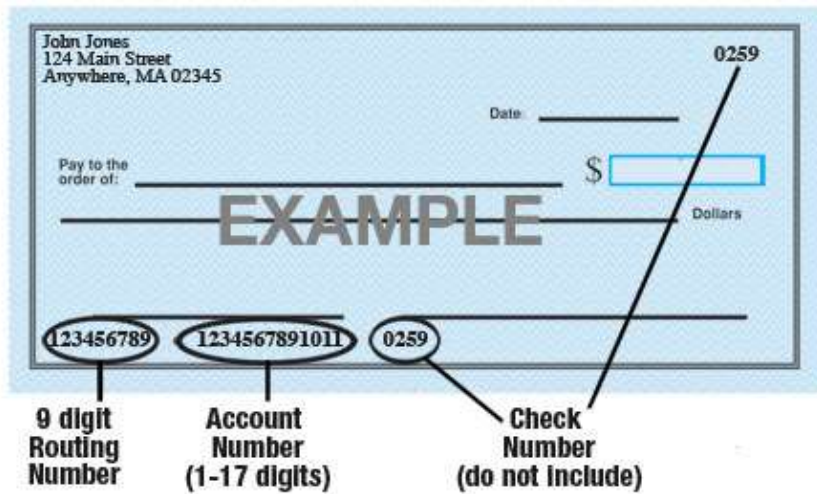
Please print and complete ALL the information below.

Account number: _____

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Please attach a voided check (above) for the bank account to which funds should be withdrawn.

I hereby authorize the Town of Alexandria, hereinafter called COMPANY, to debit entries to my (our) account indicated above and the Financial Institution named above, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until COMPANY, has received written notification for me (or either of us) on its termination in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Your payment will be processed on the 10th of each month. There will be a \$25.00 fee on all payments returned, and your water will be subject to disconnection.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

EMPLOYEE USE ONLY

RECEIVED: _____

ENTERED: _____