

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize *TOWN OF SHELBY, SANITARY DISTRICT NO. 2* to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type:** ___Checking ___Savings

I agree that my bank account will be debited once quarterly in each of the following months (January, April, July, October) on or before the due date of my quarterly Sanitary District No. 2 bill. This authorization is to remain in effect until Shelby has received written notification from me of its termination in such time and in such manner as to afford Shelby and the bank a reasonable opportunity to act on it.

Utility Account Number: _____

Name (s) Printed: _____

Property Address: _____

Phone: _____ **Email:** _____

Signed: _____ **Date:** _____