

VILLAGE OF NEW BADEN

(618) 588-3813

AUTHORIZATION AGREEMENT DIRECT CREDIT (ACH CREDITS)

I (we) hereby authorize the **Village of New Baden** to initiate credit entries and debit entries limited to reversal of said credit to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to credit 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.

(Financial Institution Name)

(Branch)

(Branch Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: _____ Checking _____ Savings

This authority is to remain in full force and effect until the **Village of New Baden** has received written notification from me (or either of us) of its termination in such time and manner as to afford the **Village of New Baden** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

First Name: _____

Last Name: _____

Telephone #: _____

Alternate #: _____

Service Address: _____

Service Acct #: _____

Signature

Date

****PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

Payments will be debited from your checking/savings account on the 10th of each month. If the 10th falls on a weekend or holiday, this will take place on the next business day. Any change to the account must be reported to Village Hall prior to the last business day of the month.

Village Hall Use Only:

_____ MSI Database

_____ Spreadsheet