

DIRECT DEBIT AUTHORIZATION FORM

I hereby authorize the Town of Owensville, hereinafter called COMPANY, to initiate debit entries for water/sewer utilities to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

_____ (Financial Institution Name) _____ (Branch)

_____ (Address) _____ (City/State) _____ (Zip)

_____ (Routing Number) _____ (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print Individual Name) _____ (Signature)

_____ (Customer Number) _____ (Date)

PLEASE CHOOSE ONE BY PLACING AN "X" ON THE LINE OF YOUR CHOICE

_____ I wish to have my account debited on the 13th of each month without a penalty.

_____ I wish to have my account debited on the 25th of each month with a penalty.

_____ I wish to make a one time payment for _____.

**PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM or
A COPY OF A CHECK**