AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Bonneauville Borough

I, hereby authorize **Bonneauville Borough**, hereinafter called COMPANY, to initiate debit entries to my account(s), indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and 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. In addition, I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information.
.

Checking Account No:_____

Depository Name: _____**City**_____**State**_____**Zip**_____
(Customer's Financial Institution)

Financial Institution's Routing Number: _____

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

Customer Name: _____ **Customer Account No:**_____
(Please Print)

Date: _____ **Signature:** _____

<mark>**PLEASE ATTACH A VOIDED CHECK**</mark>.