

AVILLA UTILITIES

TOWN of AVILLA
P O BOX 49
108 SOUTH MAIN ST.
AVILLA, IN 46710
PH: (260) 897-2781
FAX: (260) 897-2605

Debit Authorization

I (we) hereby authorize Town of Avilla hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution Community State Bank Avilla, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Routing #) _____
(Account #) Type of Acct. ____Checking ____Savings

Bank Name _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) 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)

(Soc. Sec #) _____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK AND DRIVERS LICENSE TO THIS FORM