



## DIRECT PAYMENT AUTHORIZATION **One Account**

I (we) hereby authorize Town of Richlands, hereinafter called "Town of Richlands", to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing & Account  
Transit Number \_\_\_\_\_ Number \_\_\_\_\_

Account Type:     Checking/Draft         Savings/Share

Customers Phone Number \_\_\_\_\_

Customers Email Address \_\_\_\_\_

Customers Utility Account Number(s) \_\_\_\_\_

Customers Real Estate Budget Account Number(s) \_\_\_\_\_

This authorization is to remain in full force and effect until Town of Richlands has received written notification from me (or either of us) of its termination in such a time and manner as to afford Town of Richlands and DEPOSITORY a reasonable time to act upon it.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Please attach a voided check or financial institution account verification letter to this form.

**Note: Written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**

