

DIRECT PAYMENTS AUTHORIZATION FORM

TOWN OF NORTH LIBERTY
300 SOUTH MAIN STREET
PO BOX 515
NORTH LIBERTY IN 46554

Payment Due Date: 15th of every month or next weekday
Frequency: Once every month
I hereby authorize: Town of North Liberty

Hereinafter called TOWN, to initiate debit entries to my checking account/savings account 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.

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

If funds are not available on the 15th or next business day, the account is subject to additional fees. Payment will have to be made by another method for that month.

Name: _____
Address: _____
City, State, Zip: _____

Bank Name: _____
Bank Routing Number/ABA: _____
Account Type: (circle one) Checking Savings
Account Number: _____

Utility Account Number(s) _____

Signature: _____
Printed Name: _____

You will still receive a bill every month in the mail. Please record amount in your records. Program will take exact amount of account balance due.

If you have any questions about your bill, please call before the 15th of the month.

Town of North Liberty Employee _____

Date: _____