



AUTHORIZATION AGREEMENT FOR ACH PAYMENT

If you choose to elect this option, please complete and return this form to the Village of Sparta office. There is no charge for this service.

I (we) hereby authorize the Village of Sparta, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

WITHDRAWALS WILL TAKE PLACE THE 4TH OF EACH MONTH (IF THE 4TH IS ON SATURDAY, WITHDRAWALS WILL BE ON FRIDAY. IF THE 4TH IS ON SUNDAY, WITHDRAWALS WILL BE ON MONDAY.)

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity on which to act.

ACCOUNT OWNER(S)

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

PHONE NUMBER: _____

DEPOSITORY – ATTACH A VOIDED CHECK

BANK: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PLEASE CHECK: _____ CHECKING _____ SAVINGS

ACCOUNT OWNER(S) SIGNATURE: _____

DATE: _____