

ACH Debit Authorization Form

Please Clearly Print All Information

I hereby authorize the **Town of Halfmoon** to initiate debit entries to my account at my financial institution listed below.

Your Name: _____

Telephone Number: _____

Name of Financial Institution: _____

Checking

Savings

Account Number: _____

Routing Number: _____

Debit Amount Based on Quarterly Billing

Date of Debit Entry: 20th

Water Bill Account Number: _____

Service Address: _____

January

April

July

October

I understand and acknowledge that I am in full control of my payment and if at any time I decide to discontinue or in the event of any change to my account information, it is my responsibility to send written notification of such.

(Name of Business/Owner, as it appears on account)

I further understand that any payment that is returned unpaid may be re-entered up to two times and each such return will be assessed an additional \$20.00 fee.

Signature

Date