



ACH Authorization Form

NEW

CHANGE

DELETE

Customer Information:

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip Code: _____

Banking Information:

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

I (we) hereby authorize the Village of Commercial Point to initiate debit and credit entries to my (our) account in the entity listed above and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. I understand that this authorization will be in effect until I notify The Village of Commercial Point in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever comes first.

Signature: _____ Date: ____/____/____

Joint Holder Signature: _____ Date: ____/____/____

PLEASE ATTACH VOIDED CHECK HERE: