



# Albion Water & Wastewater Utility

## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

### Authorization Agreement

I (we) hereby authorize the **ALBION WATER & WASTEWATER UTILITY**, to create debit entries to my (our) account indicated below with the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to said account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

This agreement will remain in full force until **ALBION WATER & WASTEWATER UTILITY** has received a written notification from me (or either of us) of termination in such time and manner as to afford **ALBION WATER & WASTEWATER UTILITY** and FINANCIAL INSTITUTION a reasonable opportunity to act on

### Bank Account Information

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Checking  Savings

### Albion Water & Wastewater Account Information

Account Name: \_\_\_\_\_  
Account Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

### Signature

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE  
ATTACH COPY  
OF VOIDED  
CHECK TO THIS  
FORM.*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Company Representative)