

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize the Town of Erie, hereinafter called Town, to initiate debit entries to my (our) checking savings account (select one) indicated below and the depository named below, hereinafter called BANK, to debit same to such account.

Bank Name:			
Bank Address:	City:	State:	Zip:
Transit/ABA No:	Bank Account No:		
Utility Service Address:			
Utility Account No:			

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

Print Name:	
Signature:	Date:
Print Name:	
Signature:	Date:

TAPE YOUR VOIDED CHECK HERE

EFT SUSPENSION/CANCELLATION

Name: _____ Service Address: _____

Effective Date: _____ Utility Account No: _____

Suspend (will be reinstated in the following month)

Cancel (permanent)

Signature: _____

