Authorization Agreement for Electronic Fund Transfer

Customer Name_____

L (we) authorize the Town of Holly, hereafter referred to as TOWN to initiate debit entries to my (our) checking or savings account indicated below and the Financial Institution named below, hereafter referred to as **BANK,** to debit the same account. The account indicated would be drafted on the 16th of the month or the next business day. The Town will not be required to notify the customer of an insufficient fund return.

BANK _____

CITY_____STATE_____ZIP_____

TRANSIT ROUTING #_____

ACCOUNT#_____PHONE#_____

CHECKING ☐ OR SAVINGS ☐

PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION

This authority is to remain in full force and effect until the Town has received written notification to terminate the agreement. The notice must be received in a timely manner which affords the Town a reasonable opportunity to act on it. The Town will terminate the agreement upon the first insufficient fund return with no future agreement to be initiated.

Signature_____ Date _____

Signature _____ Date _____