



ACH PARTICIPANT AUTHORIZATION FORM

Service ID (provided by Village Billing): _____

Service Address: _____

AUTHORIZATION AGREEMENT FOR AUTHORIZED DEPOSITS (ACH DEBITS)

Company Name and Address:

Village of Downs
211 S Seminary St
PO Box 18
Downs, IL 61736

Date Authorized: _____

Date Effective: _____

I hereby authorize **Village of Downs**, to initiate debit entries for (_____) (customer name) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the bank or financial institution named below, hereinafter called DEPOSITORY.

DEPOSITORY
NAME (Bank) _____

BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING
NUMBER _____ ACCOUNT NUMBER _____

DEPOSITORY ACCOUNT TYPE: CHECKING _____ SAVINGS _____

I agree to give to the VILLAGE OF DOWNS an unused and voided personal check from DEPOSITORY as verification for the checking or savings account stated above.

This authority is to remain in full force and effect until the VILLAGE OF DOWNS has received written notification from me of its termination in such time and in such manner as to afford the VILLAGE OF DOWNS and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(please print)

SIGNATURE _____

NAME _____
(please print)

SIGNATURE _____

E-mail address: _____

Phone: _____