



# Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

## Authorization Agreement for Prearranged Payment Bank ACH Draft Agreement

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

I hereby authorize the Town of Columbus to initiate charges to the:

Checking:  Savings:

account specified below, and the depository named below is authorized to debit that account. If the amount varies, the company will send written notice of the amount and the scheduled date of transfer at least ten days before the scheduled transfer date.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Transit/ABA: \_\_\_\_\_

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until The Town of Columbus has received written notification from me of its termination in such time and in such manner as to afford The Town of Columbus and the Bank a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Water Billing Account Number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**