

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS/WITHDRAWALS  
FOR UTILITY ACCOUNTS**

**ACH DEBIT**

**ACCOUNT HOLDER NAME:** \_\_\_\_\_ **TEL** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

I/We authorize the **TOWN OF CAVENDISH**, hereinafter called "Company," to initiate debit entries and to, if necessary, credit entries and adjustments for any debit entries made in error to my/our \_\_\_\_\_ checking \_\_\_\_\_ savings account (select one) indicated below and depository named below, hereinafter called "Depository," to debit and/or credit the same to such account as follows:

**To be processed in four installments on the quarterly utility payment due dates**

**To be applied to Parcel I.D. #** \_\_\_\_\_

**DEPOSITORY/BANK NAME:** \_\_\_\_\_  
**BRANCH LOCATION:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**ROUTING NUMBER:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**CHECKING (Circle One) SAVINGS**

***CHECKING ACCOUNT: PLEASE ATTACH A VOIDED CHECK***

This Authorization Agreement is to remain in full force and effect until Company has received written notification from me/either of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on the request.

**ACCOUNT HOLDER**  
\_\_\_\_\_  
**SIGNATURE**  
\_\_\_\_\_  
**DATE**

**TOWN OF CAVENDISH**  
\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED REPRESENTATIVE**  
\_\_\_\_\_  
**TITLE**  
\_\_\_\_\_  
**DATE**