

ACH Debit Authorization Form

(Bank Draft Authorization)

I /We hereby authorize THE VILLAGE OF CHOUDRANT to initiate debit entries, including any NSF charges for insufficient funds, to my/our checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. This authority will remain in effect until THE VILLAGE OF CHOUDRANT is notified by me/us in writing to cancel it in such time as to afford Choudrant and the Financial Institution a reasonable opportunity to act on it.

Financial Institution Name _____

Location of Financial Institution
City _____ State _____

Routing number (Bank Number) _____

Checking account number _____
OR

Savings account number _____

Customer Name(s) _____

Date _____

Signature(s) _____

Attach a Voided Check here