

**AUTHORIZATION FOR
AUTOMATIC DIRECT DEBIT**

Company Name: **Village of Mackinaw Water Department**

I/We authorize the Village of Mackinaw to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the DEPOSITORY (identified below), for the purpose of automatically debiting funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY NAMES(s): _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING ___ SAVINGS
(attach void check)

___ NEW AUTHORIZATION ___ CHANGE TO PREVIOUS ___ TERMINATION

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me/we of its termination in such time and in such manner as to afford the COMPANY and DEPOSTORY a reasonable opportunity to act on it.

PRINT NAME(s): _____

WATERBILL ACCOUNT NUMBER: _____

Signature Date Signature Date