



Incorporated 1901

ADMINISTRATION
(434) 447-3191

CODE
COMPLIANCE
OFFICIAL
(434) 447-5041

PUBLIC WORKS
(434) 447-3191

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of South Hill, Virginia, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** / **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account on the 15th of each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until The Town of South Hill has received notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Phone # _____ Utility Acct # _____
(Please Print)

Date _____ Signature _____

The Town of South Hill reserves the right to cancel this agreement at any time.
Please include a voided check or institution documentation stating account number and routing number with completed form.

FOR OFFICE USE ONLY:
Date received: _____
Date entered: _____