

**AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) DEBITS**

**Village of Fox River Grove**

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I (we) hereby authorize **Village of Fox River Grove**, hereinafter called "COMPANY", to initiate debit entries and if necessary, credit entries and adjustments for any debit entries in error to my/our account indicated below for payment of **Bi-monthly Water/Sewer, Water Only, Sewer Only Bills**, and the depository named below, hereinafter called "DEPOSITORY", to debit and/or credit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIST/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ACCOUNT TYPE \_\_\_\_\_ (CHECKING OR SAVINGS)

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination, bank and/or account change, *fifteen (15) days prior to an automatic debit date*, as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

\*\*\* PLEASE ATTACH A VOIDED CHECK TO THIS FORM\*\*\*

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**TERMINATION OF AUTHORIZATION AGREEMENT**

EFF DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**(Must be Fifteen (15) Days Prior to an Automatic Debit Date)**