

Town of Warren Authorization Form for ACH
Authorization Agreement of Preauthorized Payments

Name of Utility Customer: _____

I (we) authorize the Town of Warren Utilities to initiate debit entries to my (our) Checking Account indicated below and the depository named below.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account# _____

This authority is to remain in full force and effect until the Town of Warren has received notification from me (or us) or our representative of its termination in such time and in such manner as to afford the Town of Warren and Bank a reasonable opportunity to act.

Signature(s) _____ Date _____

Office Use Only:

Receipt Date:

Date of Depository Notice: