

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Faith, Family, I (we) hereby authorize Village of South Holland, hereinafter called COMPANY to initiate debit entries to my (our) Checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we)

hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH (Automated Clearing House) transactions to my (our) account must comply with the provisions of U.S. law.

BANK (DEPOSITORY) NAME	
ROUTING NUMBER	
CHECKING ACCOUNT NUMBER*******PLEASE ATTACH VOIDED CHECK*******	
CUSTOMER NAME	
CUSTOMER ADDRESS	
CITY, STATE, ZIP CODE	
CUSTOMER PHONE NUMBER	
VILLAGE ACCOUNT NUMBER	
PLEASE NOTE - The Net Amount Due will be automatically defrom your checking account on the first working day after the 17 th of the If direct debit is returned to The Village of South Holland, for any reason your bank there will be a \$30.00 charge for the returned item.	month. , by
This authorization is to remain in full force and effect until COMPANY ha received written notification from me (or either of us) of its termination i time and in such manner as to afford COMPANY and DEPOSITORY a reasopportunity to act on it.	s n such
SIGNEDDATE	

This form and the voided check can be brought to: South Holland Village Hall

faxed to: 708-210-1019

emailed to: mliddell@southholland.org