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New Palestine, IN 46163
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(317) 861-4727



Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give Town of New Palestine Municipal Sewage Works permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until Town of New Palestine Municipal Sewage Works has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor, authorize the Town of New Palestine
(Full name)

Municipal Sewage Works to charge/debit my account indicated below for the total outstanding balance on on
or after _____. My Customer Number is _____.
(Date)

Billing Address _____

Phone# _____

City, State, Zip _____

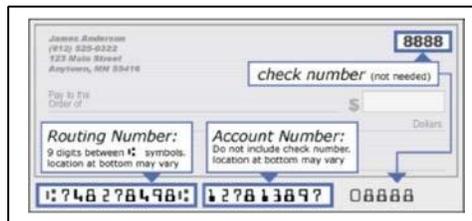
Email _____

Frequency: **Monthly on the 20th**

Depository Bank _____ Checking

Routing Number _____ Savings

Account Number _____



I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$20 may be charged by the Town of New Palestine Municipal Sewage Works to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize the Town of New Palestine Municipal Sewage Works to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/ services/account/invoice described above, for the amount indicated on my monthly invoice. I certify that I am an authorized signor on this Depository Account. I further waive any and all claims for loss or damage arising out of debits or credits to/from the Depository Account, whether made properly or in error.

SIGNATURE _____ DATE _____

Office Use Only

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least five days prior to the scheduled settlement date.

Received by _____

Auto Payment Start Date _____

Date _____

