

**Town of Hagerstown, Indiana  
ACH DEBIT AUTHORIZATION**

I, \_\_\_\_\_, authorize the Town of Hagerstown to initiate electronic debit entries for payment of my utilities, (electric, water, and sewer), **ON THE 10<sup>TH</sup> OF EVERY MONTH**, to my:

**TYPE OF BANK ACCOUNT: (Circle One)**

Checking account      Savings account      Business Account

If you have a Debit Filter or Debit Block on your account, please notify the Clerk-Treasurer so that you can be provided with proper Town of Hagerstown Identification that you can provide to your bank to allow this debit to be processed as authorized.

**BANKING INFORMATION: (PLEASE ATTACH VOIDED CHECK)**

**FINANCIAL INSTITUTION NAME (PLEASE PRINT)**

\_\_\_\_\_

**FINANCIAL INSTITUTION ACCOUNT NUMBER**

\_\_\_\_\_

**FINANCIAL INSTITUTION ROUTING NUMBER**

\_\_\_\_\_

**FINANCIAL INSTITUTION CITY, STATE, ZIP**

\_\_\_\_\_

**HOW TO REVOKE YOUR AUTHORIZATION:**

This authority will remain in effect until I have cancelled in writing with the Clerk-Treasurer of the Town of Hagerstown, Indiana.

**CHANGES TO YOUR ACH DIRECT DEBIT AUTHORIZATION:**

Please contact the Clerk-Treasurer of the Town of Hagerstown, Indiana, with any changes to your ACH Direct Debit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Indiana and U.S. law.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_