

TOWN OF SPENCER

Direct Debit Agreement Form

Authorization Agreement

I hereby authorize TOWN OF SPENCER to initiate electronic debit entries to my account at the financial institution named below for the amount due on my monthly statement. I also authorize TOWN OF SPENCER to make adjustment entries to this account in the event that an entry is made in error.

Further, I agree not to hold TOWN OF SPENCER responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until TOWN OF SPENCER receives a written notice of cancellation from me or my financial institution, or until I submit a new Direct Debit Agreement Form to TOWN OF SPENCER .

Account Information

Name of Financial Institution: _____

Routing Number: _____

Bank Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Billing Address: _____

Telephone Number: _____

Sewer Billing Number: _____

Please attach a voided check to this form before returning it to TOWN OF SPENCER .