



For Office Use:

Account # _____

Book # _____

Authorization Agreement for Auto-Draft Payments

Name _____

Service Address _____

Soc Sec # _____ Phone # _____

I authorize the Town of Harrisburg to initiate debit entries from my personal bank account (indicated below):

Bank Draft Information

Checking Account (**ATTACH A VOIDED CHECK**)

Savings Account (**ATTACH A PREPRINTED DEPOSIT SLIP**)

Bank Name _____ Branch _____

Transit/ABA # _____ Account # _____

This authorization will remain in effect until I notify the Town of Harrisburg that I no longer desire this service, allowing reasonable time to act upon my notification. I have the right to stop payment of a debit entry by notifying my financial institution. This action must be taken, at least, 3 business days prior to the scheduled debit.

I understand that if corrections of the debit amount are necessary, it may involve an adjustment (debit or credit) to my account. If an erroneous debit entry is charged to my account, I have the right to have the amount of the entry credited to my account by my financial institution. Corrections must be made within 60-days following the statement of account.

This authorization is non-negotiable and non-transferable.

Signature _____ Date _____

"Working Together For A Successful Future"

