# ACH Authorization Form

I (we) hereby authorize _____ **Town of Franklin** _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____

Signature

_____

Name- PLEASE PRINT

_____

Address – PLEASE PRINT


_____

Name of Financial Institution


Customer Phone  Number:_____

Customer Water Account Number:_____

Financial Institution Routing Number: _____

Checking/Savings Account Number:_____

Set Amount:__Varies w/ Bill_____ or Maximum Amount:_____

Date of Payment to Post to Account:  ☐ 15th  ☐ 20th  ☐ Due Date
(please check which pay date above)