



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: Town of Norwood

I hereby authorize TOWN OF NORWOOD, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below at the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

FINANCIAL INSTITUTION NAME: _____

BRANCH/LOCATION: _____

TRANSIT/ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act.

NAME(S): _____
(Please print)

SIGNATURE(S): _____

DATE: _____

UTILITY ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

CHECK ONE:

- I am not currently participating in Automatic Draft.
 - ADD - Charge payments to the account shown.
- I am currently participating in Automatic Draft.
 - CHANGE - Change financial institutions and/or account number.
 - CANCEL- Stop my participation in the program.

IMPORTANT! ATTACH A VOIDED CHECK HERE (Do not use a deposit slip)