



DUBLIN BOROUGH

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Dublin, PA 18917-0052

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ACH DEBIT AUTHORIZATION AGREEMENT

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____

I (We) hereby authorize _____ Dublin Borough _____, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name (Bank): _____

Address: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____ () Checking Acct () Savings Acct

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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Utility Account Number: _____

Name(s): _____
Please Print

Signature(s): _____ Date _____

Please check here if this is a change to existing ACH information