

Authorization Agreement for Electronic Fund Transfer

Customer Name _____

I(we) authorize the Town of Holly, hereafter referred to as TOWN to initiate debit entries to my(our) checking or savings account indicated below and the Financial Institution named below, hereafter referred to as BANK, to debit the same such account. The indicated account would be drafted on the 16th of the month or the next business day. The Town will not be required to notify the customer of an insufficient fund return.

BANK _____

CITY _____ STATE _____ ZIP _____

TRANSIT ROUTING # _____

ACCOUNT # _____ PHONE # _____

CHECKING OR SAVINGS

PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION

This authority is to remain in full force and effect until the Town has received written notification to terminate the agreement. The notice must be received in a time and manner which affords the Town a reasonable opportunity to act on it. The Town will terminate the agreement upon the first insufficient fund return with no future agreement to be initiated.

Signature _____ Date _____

Signature _____ Date _____