

VILLAGE OF NEWARK VALLEY

villageofnewarkvalley.com

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Newark Valley, New York 13811
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Phone (607) 642-8686
Fax (607) 238-3808
TDD (800) 662-1220 or 711

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

I (we) hereby authorize Village of Newark Valley, hereinafter called COMPANY, to initiate debit entries from my (our) ___ Checking ___ Savings account (select one) indicated below and the Bank named below, and to debit and/or credit such account for the payments of water and solid waste paid quarterly beginning the quarter after date of this form. I authorize payment on March, June, September, and December 10th ___ or 25th ___ (select one).

BANK _____ LOCATION _____
CITY _____ STATE _____ ZIP _____
TRANSIT / ABA # _____ ACCOUNT # _____

This authority is to remain in full force and in 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 BANK a reasonable opportunity to act on it. There will be an additional fee of \$25.00 assessed for any return of debit transaction.

I (We) understand that the BANK is not responsible for any errors made by the COMPANY and that the BANK can only initiate debit and credit entries based upon information given to it by the COMPANY. I agree that the BANK has no liability to me if it is unable to make any transfer because of an act of God, mechanical failure or any interruption in communications not within its control, or if sufficient funds are not given to it by the COMPANY in the amount of the required transfer.

NAME(S) _____

ADDRESS _____
(Please print)

LOCATION ADDRESS _____ NV, NY PHONE _____

Please sign and attach a void check to the back of this page.

E-Mail Address _____

DATE _____ SIGNED _____

SIGNED _____

ATTACH A COPY OF A VOID CHECK HERE.