

DIRECT WITHDRAW AUTHORIZATION AGREEMENT



LANSDALE BOROUGH

1 Vine Street
Lansdale, Pa 19446

Phone: 215-368-1691
Fax: 215-361-8399

www.lansdale.org

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate Phone: _____

I (we) hereby authorize the Borough of Lansdale to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking account indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law. Amount due will be withdrawn on the due date; if the due date falls on a Saturday or Sunday, the funds will be withdrawn on the Friday **PRIOR TO** due date.

****Please supply a copy of a voided check with this form****

Depository Name (Bank): _____

Address: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Checking _____ Savings _____

This authorization is to remain in full force and effect until Lansdale Borough has received written notification from me (or either of us) of its termination in such manner as to afford Lansdale Borough and the bank a reasonable opportunity to act on it.

Utility Account Number(s): _____

Name(s): _____

please print

Signature(s): _____ Date: _____

Date: _____

Name on Account: _____ Effective Date: _____

_____ *please check here if this is a change to existing information*