

Town of Front Royal

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS OF ACH CREDITS

(Please type or print this form legibly to avoid delay in processing payment. If you have any questions, contact the Finance Office at 540/635-7799.)

Utility Account Name _____

Utility Account Number _____

Account Address _____

Telephone # _____

I hereby authorize The Town of Front Royal to initiate credit entries to my checking or savings account as indicated below and the DEPOSITORY named below to credit and/or debit the same to such account.

DEPOSITORY NAME _____

DEPOSITORY BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA# _____

CHECKING ACCOUNT # _____

OR

SAVINGS ACCOUNT # _____

This authority is to remain in full force and effect until written notification of termination has been received by either party in such time and in such manner as to afford The Town of Front Royal a reasonable opportunity to act on such notification.

Signed _____ Date _____
(Individual, Company Officer or Owner)

Print Contact Name _____ Officer Title _____

E-Mail Address _____

Attach to this form a voided check of the checking/savings account to credit.

Mailing address: Town of Front Royal/Finance Dept.
P.O.Box 1560
Front Royal, Va 22630

Or fax this **form and voided check** to Finance Office 540/635-2298