

•KEATING TOWNSHIP•

7160 Route 46
Smethport PA 16749
(814) 887-9921

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS ACH DEBITS

Originator Name: Keating Township

I (we) hereby authorize _____, hereinafter called ORIGINATOR, to initiate debit entries to my (our) ☐ Checking Account/ ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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.

If you would like Keating Township to initiate debit for your monthly **SEWER** and **WATER** payments on the **20th** of every month, please select those that apply:

- ☐ Sewer- \$60/Monthly
☐ Water- \$45/Monthly

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Routing
Number _____

Account
Number _____

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

Name(s) _____

Phone # _____

Cell # _____

Email Address _____

Signature _____

Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.