



You'll like the view from
South Hill

Town of South Hill

Incorporated 1901

ADMINISTRATION
(434) 447-3191

BUILDING AND CODE
OFFICIAL
(434) 447-5041

PUBLIC WORKS
(434) 447-3228

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company
Name **TOWN OF SOUTH HILL**

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

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and 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 DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Phone # _____ Utility
(Please Print) Acct # _____

Date _____ Signature _____

FOR OFFICE USE ONLY:

Date received: _____

Date entered: _____

Date pre-note done: _____