

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)

COMPANY NAME: Newport Borough Water Authority

I authorize the above named company to debit my:

- Checking Account (attach voided check)

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

OR

- Savings Account

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

for services rendered. I authorize the amount of \$ _____, to be debited based on the frequency selected below:

Frequency (circle one): One Time Weekly Monthly Annually

I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U. S law. This authorization will remain in effect until (company name) has received notice from me (include your company procedure for authorization termination here).

Name (please print): _____

Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.