

**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.**