VILLAGE OF

Oakfield...
ideal community living
FOND DU LAC COUNTY

ACH Authorization Agreements-
ACH Debits

I (we) hereby authorize the **Village of Oakfield**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated at the financial institution named below, and any credit entries necessary to correct errors. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name: _____

Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____

Account Number: _____   Account Type: Checking Account

Savings Account

Amount   ☐ Amount Billed
       ☐ Specific Amount $_____

Frequency: Monthly (1st of the month)   Monthly (15th of the month)
       Quarterly (due date of each billing cycle)

(If the 1st or 15th of the month is a non-processing day, I agree the transfer will then be made on the first processing day after the scheduled payment date.)

Beginning Date: _____

Signature: _____   Date: _____

Signature: _____   Date: _____

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 Bristol Morgan Bank a reasonable opportunity to act on it.

Revocation of Authorized Agreement for Direct Debit (ACH Debit)

I hereby revoke the above authorization as of _____.

Signature: _____   Date: _____