## TOWN OF LONG VIEW

2404 FIRST AVENUE, SOUTH WEST LONG VIEW, NORTH CAROLINA 28602 (828) 322-3921



## AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize the Town of Long credit which are necessary for correct below and the financial institution na	ctions, to my Checking		
Financial Institution Name	City	State	
Transit/Routing Number	Acc	Account Number	
Please attach a <u>voided check</u> (for cuse!	checking) or <u>deposit s</u>	<u>slip</u> (for savings) from the account you wi	ish to
no longer desire this service, allowing	ng it reasonable time to	I notify the Town of Long View in writing the coact on my notification. I also understand to live an adjustment (credit or debit) to my according to the control of the con	that if
View before the account is charged. right to have the amount of the entry financial institution and the Town of error, and requesting credit back to r	If an erroneous debit credited to my accour Long View a written my account. I will proent a statement of my a	ing my financial institution and the Town of t entry is charged against my account, I have ant by my financial institution. I agree to give a notice identifying the entry, stating that it is covide this notice within 15 calendar days account or a written notice of such entry, or	e the ve my s an
from the financial institution indicate	ed above. I understan nt funds that I will ne	onthly payment for water/sewer/landfill served that should the draft by rejected by my bed to make payment in full, by cash to the T	
Name	Tele	ephone Number	
Service Address			
Mailing Address		_	
Social Security Number		Account Number	
Signature		Date	