## TOWN OF LONG VIEW AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize the Town of Long View, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.		
Financial Institution Name	City	State
Transit/Routing Number	Account Number	
Please attach a voided check (for check account you wish to use!	ing) or deposit slip (fo	r savings) from the
I understand that this authorization will be in ellonger desire this service, allowing it reasonable corrections in the debit amount are necessary, it	time to act on my notification	on. I also understand that if
I have the right to stop payment of a debit entry View before the account is charged. If an errone right to have the amount of the entry credited to financial institution and the Town of Long View error, and requesting credit back to my account. the date on which I was sent a statement of my a posting, whichever comes first.	ous debit entry is charged as my account by my financial a written notice identifying I will provide this notice wi	gainst my account, I have the institution. I agree to give my the entry, stating that it is an ithin 15 calendar days following
I hereby authorize the Town of Long View to dra from the financial institution indicated above. I institution due to insufficient funds that I will no View and an additional \$25 NSF fee paid to rest	understand that should the eed to make payment in full	draft be rejected by my financial
Name	Telephone Number	
Service Address	Utility Account Number	
Signature	Date	