Consumer Authorization for Direct Payment via ACH

Direct Paymer making a pay			ds from a cor	nsumer account for the purpose of
Check one:		Begin Payment		Change Information
` '		n of Sheridan to electron my (our) account to cor	•	ny (our) account and, if necessary, to us debits as follows:
	("DEF	_	•	e) at the depository Financial Institution nsactions I (we) authorize comply with
Depository na	me: _			
Bank Name: _				
Routing number:			Acco	unt number:
Name(s) on th	e acc	count:		
Debit transact	ion fre	equency:		
☐ Sing	le Ent	ry (one-time payment)		
\Box Recurring Entries (entries that recur on or around the 1st of the month)				
Date of debit (if Sinc	le Entry) or date of first d	ahit:	
Date of debit	(II 3III)	he Limy) of date of his di	ebii	
	=	hat the debit of the water ge for the current billing o	_	ges to be the flat rate price <u>PLUS</u> the
Town of Sheric	lan vio	a phone, in writing, or tow at the Town of Sheridan re	vn hall. If I (we	orce and effect until I (we) notify the e) wish to revoke this authorization. I st 7 Days prior notice in order to
Name(s):		(0)		
		(Please P	•	
Date:		Signature(s):		