



Service Address: _____ **Account Number:** _____

TOWN OF BLOWING ROCK
PO Box 47, Blowing Rock, NC 28605
Telephone: 828.295.5200 Fax: 828.295.5202

Authorization for Direct Payment via ACH

Check one: **Begin Payment** **Change Information**

I (we) authorize The Town of Blowing Rock to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account / Savings Account (check one) at the depository Financial Institution name below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____

Routing Number: _____ **Account Number:** _____

Name(s) on the account: _____

Debit transaction frequency: Recurring bi-monthly

Date of first debit: _____

Number of and/or frequency of debits: Bi-monthly (Feb, Apr, Jun, Aug, Oct, Dec)

Authorized debit amount: current billing and any past due amounts

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Town of Blowing Rock in writing that I (we) wish to revoke the authorization. I (we) understand that The Town of Blowing Rock requires at least 14 days prior notice in order to cancel this authorization.

Name(s): _____
(Print)

Date: _____ **Signature(s):** _____

(Please Attach a Voided Check)

***Note: After completing the Authorization for Direct Payment via ACH Form, your bank account will be pre-noted before funds are taken for payment.**

Bank File # _____

(Office Use Only)

Date Entered: _____