**VILLAGE OF CARDINGTON**

**215 PARK AVENUE**

**PO BOX 10**

**CARDINGTON, OHIO 43315**

**PHONE: 419-864-7607**

**FAX: 419-864-0536**

 **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

 ATTACH VOIDED CHECK AND RETURN OR MAIL TO VILLAGE (address above)

CUSTOMER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) hereby authorize the Village of Cardington, hereinafter called Village,to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) \_\_\_\_\_\_Checking \_\_\_\_Savings account (select one) indicated below and the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

BANK NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is to remain in full force and effect until VILLAGE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VILLAGE and BANK a reasonable opportunity to act on it.

NAME (S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PLEASE PRINT)

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNED X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ATTACH VOIDED CHECK**