



Enrollment and Authorization Form
(Authorization Agreement for Electronic Transfer of Funds via Bank Draft)

Debits

Instructions:
 Complete this entire authorization agreement. Please print using black or blue ink.

1. Present this completed form to the Utility Services Department. Please attach a voided check from your checking account to this form.
2. This agreement may be revised or terminated at any time by written notification or email to the Town of Landis Utility Services.


YOUR INFORMATION

Check all appropriate box(es): <input type="radio"/> New Enrollment/Authorization <input type="radio"/> Change Account <input type="radio"/> Discontinue	Last Name:	First Name:
	Street Address:	Utility Account #:
	City:	State:
	Daytime Phone: ()	Zip Code:
	Evening Phone: ()	

AMOUNT AND FREQUENCY

<p>The total amount will be debited based upon the frequency selected. Bank Draft will be processed on the 15th of each month.</p>	<p>Frequency of Bank Draft:</p> <p><input type="radio"/> Monthly Billing</p> <p>Start Date: ____/____/____ End Date: ____/____/____</p>
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CHECKING OR SAVINGS ACCOUNT ACH DEBIT AUTHORIZATION

<p>Utility payments should be debited from my:</p> <p><input type="checkbox"/> Checking Account (Please attach a voided check.)</p> <p>Account Number: _____</p> 	<p>I hereby authorize The Town Of Landis to automatically withdraw my water/sewer/electricity payment from my account by initiating Bank Draft debit transactions per the amount, frequency, and account information stated on this form.</p> <p>I acknowledge that the origination of Bank Draft transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until The Town of Landis has received written notification from me of its termination in such time and in such manner as to have a reasonable opportunity to act on it.</p>
<p>Official Use Only: Bank Draft Transaction Set Up on ____/____/____</p> <p>Name: _____ Initials _____</p>	<p>Account Holder Signature: _____</p> <p>Date: ____/____/____</p>

BANK DRAFT

I (We) hereby authorize The Town Of Landis hereinafter called "Company," to initiate bank draft entries from my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to credit the same to such account. I (We) acknowledge that the origination of Bank Draft transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Signature) Date

(Print Individual Name) (Signature) Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM