

# Authorization Agreement for Electronic Funds Transfer

## Company/Individual Information

Company/Individual Name \_\_\_\_\_  
(as it appears on your bank account)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Village of Brooklyn Water/Sewer Account # \_\_\_\_\_

I (we) hereby authorize the **Village of Brooklyn**, hereinafter called **BUSINESS**, to initiate debi entries to my (our) Checking or Savings account indicated below, located at the financial institution name listed below, hereinafter called **FINANCIAL INSTITUTION** and to debit the same to such account shown below.

## Debit Transaction Information

Financial Institution Name \_\_\_\_\_  
(The Financial Institution and account where the money is to be withdrawn from)

Branch \_\_\_\_\_ Checking/Savings Account # \_\_\_\_\_

Address \_\_\_\_\_ Routing # \_\_\_\_\_

Bank Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Account is  Checking  
 Savings

## Owner Authorization

I hereby certify the DEBIT account information listed above is owned by me or my (our) company. I understand that the transfer will take place on the 15th of each month. This authority is to remain in full force and effect until BUSINESS and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BUSINESS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

## Non Owner Authorization

I hereby authorize the VILLAGE OF BROOKLYN to withdraw funds from the Debit Account listed above and I hereby certify the Debit Account information listed above is owned by my (our) company. I understand that the transfer will take place on the 15th of each month. This authority is to remain in full force and effect until BUSINESS and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BUSINESS and FINANCIAL INSTITUTION a resonable opportunity to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_