



**AUTHORIZED AGREEMENT FOR AUTOMATIC PAYMENTS  
(ACH AGREEMENT)  
TOWN OF EDINBURG  
ID NUMBER 54-6001257**

I (we) hereby authorize the Town of Edinburg, hereinafter called Town and my (our) depository financial institution named below, hereinafter called Depository, to automatically pay my (our) monthly utility bill (water, sewer, and refuse collection) from my (our) checking or savings account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the U.S. Law. I (we) also acknowledge that it is my (our) responsibility to assure sufficient funds are available at the time of withdrawal.

Customer Name \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Service Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Depository (Bank) Name \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (select one)  Checking  Savings

Attach a voided check (if checking account) or a deposit slip (if savings account) HERE

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

Name (Primary Account Holder) \_\_\_\_\_ (please print)

Name (Primary Account Holder) \_\_\_\_\_ (please print)

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

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

**\*\*The Town reserves the right to remove a customer from the Automatic Payment Plan for just Cause.**