



VILLAGE OF RIVERDALE

157 W. 144th Street
Riverdale, IL 60827-2707
Phone (708) 841-2200 • Fax (708) 841-7587

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize THE VILLAGE OF RIVERDALE, to debit entries to my (our) account indicated below and the Financial Institution names below, hereinafter called FINANCIAL INSTITUTION, to debt same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____
(Service Address)	(Service Account Number)
_____	_____
(Financial Institution Name)	(Branch)
_____	_____
(Address)	(City, State, Zip)
_____	_____
(Routing/Transit Number)	(Account Number)

Account Type: Checking _____ Savings _____

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

_____	_____	_____
(Print Primary Account Holder Name)	(Primary Account Holder Signature)	(Date)
_____	_____	_____
(Print Secondary Account Holder Name)	(Secondary Account Holder Signature)	(Date)
_____	_____	_____
(Account Holder Address)	(City, State, Zip)	(Telephone Number)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM