



TOWN OF NORTHFIELD
 51 S. Main St.
 Northfield, VT 05663
 (802)485-5411 Fax(802)485-8426
 utilities@northfield.vt.us

Debit Authorization

I (we) hereby authorize the Town of Northfield, hereafter called COMPANY, to initiate **debit** entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereafter called financial institution, to debit the same to such account for utility payments. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Please attach a voided check if checking account is selected. If savings account is selected, please include something printed from the bank with the account number on it.

_____ FINANCIAL INSTITUTION _____ ROUTING NUMBER _____

_____ CITY _____ STATE _____ ZIP CODE _____

_____ ACCOUNT NUMBER _____ []=CHECKING []=SAVINGS

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

 Utility Account #

 Signature

 Print Name

 Social Security Number /Tax ID Number

 Date

 Signature

 Print Name

 Social Security Number /Tax ID Number

 Date

Please mail to: Town of Northfield
 51 S. Main St.
 Northfield, VT 05663

- FOR COMPANY USE ONLY -

Date received _____ Processed by _____

Follow up action required _____
