

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 $\underline{\text{debit}}$ 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.

	ROUTING NUMBER
CITY	STATE ZIP CODE
ACCOUNT NUMBER	[]=CHECKING []=SAVINGS
	effect until the Town of Northfield has received written notification from me (or either of h manner as to afford the Town of Northfield and FINANCIAL INSTITUTION a
Itility Account #	
ignature	Signature
rint Name	Print Name
ocial Security Number /Tax ID Number	Social Security Number /Tax ID Number
ate	Date
lease mail to: Town of Northfield 51 S. Main St. Northfield, VT 05663	
	- FOR COMPANY USE ONLY -