

**TOWN OF ARGOS**

201 W. Walnut St.  
Argos, IN 46501  
Tel: 574-892-5717  
Fax: 574-892-4758

***AUTHORIZATION FOR DIRECT PAYMENT***

I (We) authorize the Town of Argos and the financial institution named below to initiate entries to my (our) checking/savings account. **I (We) understand that the amount each month can vary, but that the amount of withdrawal will be provided to me (us) in my (our) monthly statement from the Town of Argos.** This authority will remain in effect until I (We) notify the Town of Argos in writing to cancel it in such time as to afford them a reasonable opportunity to act on it. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (We) have attached a voided check to verify account information listed below.

You should plan for the amount of your utility bill to be deducted from your account on the 13<sup>th</sup> of every month. If the 13<sup>th</sup> should happen to fall on a weekend, transactions will occur on the next business day.

Utility Account Name(s) (Please Print): \_\_\_\_\_

Service Address(es) (Please Print): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do Not Withdraw Funds Totaling Less Than \$ \_\_\_\_\_ Nor More Than \$ \_\_\_\_\_ in any given month

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

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(between these symbols |: |: on the bottom of your check)

***Please maintain a copy of this agreement signed for your records***

**For Office Use Only:**

Utility Account #(s): \_\_\_\_\_

Sample Entry Sent: \_\_\_\_\_ 1<sup>st</sup> Billing Used: \_\_\_\_\_ UB: \_\_\_\_\_

NOTES: \_\_\_\_\_ Excel: \_\_\_\_\_

\_\_\_\_\_ Word: \_\_\_\_\_