

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

Account # _____

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE #: _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account:

☐ Checking

☐ Savings

Account No. _____

Account No. _____

I authorize Town of Somerset Company name to deduct my *(insert type of Payment)* payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the company named above in writing at the following address:

Company Town of Somerset

Address P.O. Box 368

City, State Zip Barker, NY 14012

SIGNATURE: _____

DATE: _____

NOTE: Enclose a voided check with this form.