

**Authorization for Preauthorized Debits
CHECK ACH**

I (we) hereby authorize **Village of Homer**, hereinafter called COMPANY to initiate debit entries to my (our) account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

Customer Name(s): _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Type of Account: (circle one): Checking Savings

Payments will be monthly initiated on: ____ / ____ / ____

Customer Number with Village of Homer: _____

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

Signature Date

Signature Date

Please attach copy of voided check to this form.