



AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)

I/we hereby authorize the Town of Granite Falls to initiate debit entries to my/our account indicated below and the financial institution indicated below to debit the same to such account each month. ***I/we hereby understand that this authorization will remain in full force and effect until I (or either of us) notify the Town of Granite Falls and the depository in writing that this is no longer desired,*** allowing both the Town and the depository reasonable time to act on such notification.

I/we also understand that if corrections in the debit amounts are necessary, it may involve an adjustment (credit or debit) to the account. I/we have the right to stop payment of a debit entry by notifying the depository prior to the account being charged. If an erroneous debit entry is charge to my/our account, I/we have the right to have the amount of such entry credited to the account by the depository, if, within 15 calendar days following the date on which depository sent me/us a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I/we give the depository a written notice identifying such entry, stating that it is in error and requesting credit back to my/our account.

I/we understand that if for some reason my/our financial institution does not honor the draft, I/we will become responsible for paying the original draft amount as well as any fees associated with the dishonored draft.

Initial(s) _____

All information obtained on this form will be for the sole use of the Town of Granite Falls.

Date		Utility Account #		CSR <i>Office Use Only</i>	
Bank Name			State		
Bank Routing #			Bank Account #		
Business Name (if applicable)					
Primary Account Holder					
DL/ID #			Phone #		
Signature					