



PO Box 1421
1809 Main Street
Victoria, Virginia 23974

Authorization Agreement for Direct Payment (ACH Debits) for Utility Bill

I (we) hereby authorize the Town of Victoria to initiate debit entries on the 12TH of the month for my utility bill from the account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U. S. Law.

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number (9 digits): _____

Account Number: _____

Checking Savings

Frequency: **MONTHLY**

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner, as to afford Company and Depository a reasonable opportunity to act on it.

Name(s): _____ Utility Acct #: _____

Date: _____ Phone #: _____

Customer Signature: _____

*The Town of Victoria reserves the right to cancel this agreement at any time.

**Insufficient fund fee \$35.00
