



Tompkins State Bank

ACH Debit Entry Authorization Form

The Company is required to provide a clear and readily understandable Authorization Agreement to its customer, a copy of the completed debit authorization agreement to the signer and maintain all completed agreements for at least two years AFTER termination of the agreement.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize Little Swan Lake Sanitary Dist. ("COMPANY") to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

[ ] Checking Account / [ ] Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Name(s) on the account \_\_\_\_\_

[ ] Consumer Account / [ ] Non-consumer Account (select one) Note: A consumer account is defined as an account established by a natural person primarily for personal, family, or household use, and not for commercial purposes.

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Amount of debit(s), method of determining amount of debit(s), or range of acceptable dollar amounts authorized:
\$50 per Month

Date(s) and/or frequency of debit(s): Monthly on or about the 24th

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on such request.

Printed Name(s) \_\_\_\_\_ Company ID/Account Number \_\_\_\_\_

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