

McCordsville

ESTD  1988

INDIANA

Date: _____

Customer Name (s) _____

Service Address: _____

Book: _____ Account Number: _____

Email Address _____ Phone _____

I (we) hereby authorize Town of McCordsville, to initiate monthly debits from the financial institution indicated below. This authority will remain in full force until the Town of McCordsville receives a written notification from customer to terminate. Written notification must be received before the 10th of the month for starting and termination. I understand that the draft will occur on the 15th of the month. I understand that if the necessary funds are not available to cover the draft, I will be charged \$30 return check fee. The Town of McCordsville will send the customer an email notice each month when the ACH has been processed.

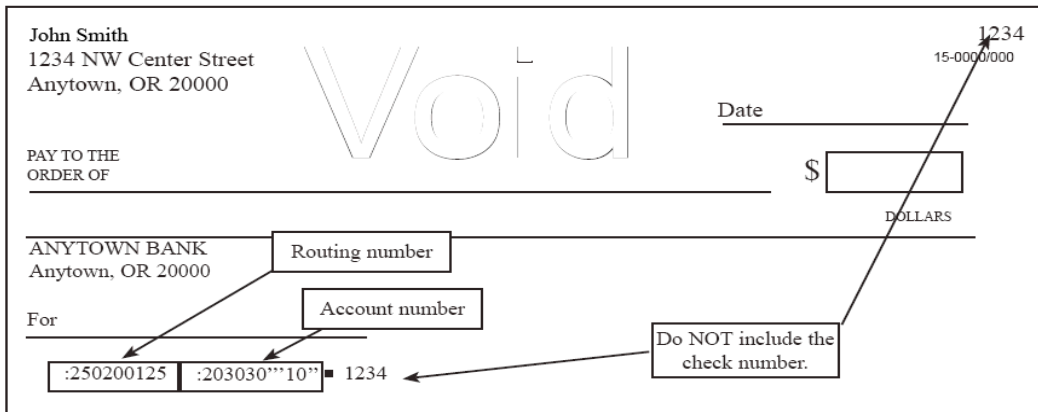
Financial Institution: _____

Transit/Routing number: _____

Account Number: _____

Signed: _____ Print: _____

We do not need a voided check. Please see example below to find your routing and account numbers on a personal check. Return this form to the Utility Office or drop box at Town Hall.



Please email to umail@mccordsville.org or Fax to 317-336-7483