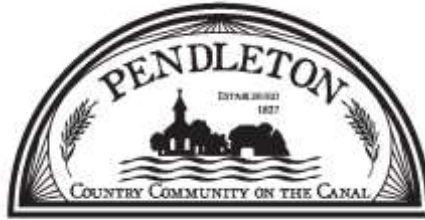**TOWN OF PENDLETON**
Town Hall
6570 Campbell Boulevard
Lockport, NY 14094
Phone: (716) 625-8833
Fax: (716) 625-6295

TOWN OF PENDLETON
Department of Public Works
6640 Campbell Boulevard
Lockport, NY 14094
Phone: (716) 625-8033
Fax: (716) 625-6323

ACH DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT
(You must complete a separate form for each property to be enrolled.)

PLEASE CHECK ONE: ☐ **NEW**   ☐ **CHANGE**   ☐ **CANCEL**

Payee Information (PLEASE PRINT)

Customer Name _____ Water Bill Acct. # _____

Service Address _____ Phone # _____

City, State, Zip _____ Email Address _____

Financial Institution Information

****YOU MUST ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP****

Type of Account: ☐ CHECKING   ☐ SAVINGS

Primary Account Holder's Name _____

Bank Name and Address _____

Routing # _____ Account # _____

I hereby authorize the Town of Pendleton to deduct from my checking/savings account, held at the specified financial institution, for the payment of my water bill on the date shown on my bill. This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop my participation in the direct withdrawal program up to one week before the due date shown on my bill. I understand that the Town of Pendleton and /or the financial institution indicated above reserve the right to end this agreement and my participation therein.

I agree to notify the Town of Pendleton of changes affecting my account status which would affect the ability to have payments automatically withdrawn (i.e. the account is closed) immediately. If a payment is not honored or is returned by the financial institution, I agree the Town of Pendleton may charge me a returned item fee of $20.00 plus applicable late charges.

I agree to allow the Town of Pendleton to store my account information, for the sole purpose of making the indicated automatic payments. I release the Town from liability or damages resulting from the loss or theft of information. All information is encrypted and available only to those employees responsible for utility billing/collection functions.

Printed Name _____

Signature _____ Date _____