

**TOWN OF PENDLETON
100 W STATE STREET, PENDLETON, IN 46064**

Automatic Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Customer No: _____

E-Mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing No: _____

Name on Account: _____

Account Type (circle one): **CHECKING** / **SAVINGS**

Account No: _____

*****PLEASE ATTACH A COPY OF A VOIDED CHECK*****

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize TOWN OF PENDLETON to deduct my utility payments from this account via Electronic Fund Transfer on the 15th of each month unless the 15th falls on the weekend it will deduct on the next business day. I will notify TOWN OF PENDLETON of any account changes. I understand sending a written notification to TOWN OF PENDLETON will revoke this authorization.

TOWN OF PENDLETON reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date