

**TOWN OF PENDLETON  
100 WEST STATE ST., 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/Transit 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 15<sup>th</sup> of each month unless the 15<sup>th</sup> 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**