



ACH Debit Authorization Form

Authorization Agreement

I (we) hereby authorize the Village of Elk Rapids to initiate entries to my (our) account at the financial institution named below on the **10th of each month** for the water/sewer bill. If necessary, the Village of Elk Rapids is authorized to initiate adjustments for any transactions in error. I (we) understand that charges declined by the financial institution will constitute grounds for cancellation of service and that charges incurred will be subject to collection procedures.

Further, I (we) agree not to hold the Village of Elk Rapids responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or by the financial institution or due to an error on the part of the financial institution in depositing funds to my (our) account.

This agreement will remain in effect until the Village of Elk Rapids receives a written notice of cancellation from me (us) or my (our) financial institution.

Customer Account Information

Print legibly

Individual or Business Name: _____

Service Address: _____

Your account # with Village of Elk Rapids: _____

Telephone: _____ **Email:** _____

Name of Financial Institution: _____



CHECK EXAMPLE

Please do not use a deposit slip.

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

This should take effect: Immediately -OR- As of this date: _____

Authorized Signature: _____ **Date:** ___/___/___

Authorized Signature: _____ **Date:** ___/___/___

Please mail to: Village to Elk Rapids, PO Box 398, Elk Rapids MI 49629 - or place in one of the drop boxes at 315 Bridge St.