

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS/WITHDRAWALS**

**ACH DEBIT**

TAXPAYER NAME: \_\_\_\_\_ TEL # \_\_\_\_\_

EMAIL \_\_\_\_\_

I/We authorize the **TOWN OF CAVENDISH**, hereinafter called "Company," to initiate debit entries and to, if necessary, credit entries and adjustments for any debit entries made in error to my/our \_\_\_\_\_ checking \_\_\_\_\_ savings account (select one) indicated below and depository named below, hereinafter called "Depository," to debit and/or credit the same to such account as follows:

**To be processed in four equal installments on the quarterly tax payment due dates**

**To be applied to Parcel I.D. # \_\_\_\_\_**

DEPOSITORY/BANK NAME: \_\_\_\_\_

BRANCH LOCATION: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CHECKING (Circle One) SAVINGS

***CHECKING ACCOUNT: PLEASE ATTACH A VOIDED CHECK***

This Authorization Agreement is to remain in full force and effect until Company has received written notification from me/either of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on the request.

**ACCOUNT HOLDER**

**COMPANY**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE