

VILLAGE OF MINSTER DIRECT PAYMENT AUTHORIZATION FORM

I hereby authorize VILLAGE OF MINSTER to initiate entries from my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the VILLAGE OF MINSTER is notified by me, in writing, to cancel it in such time as to afford the VILLAGE OF MINSTER and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name

Address

Name of Financial Institution

Address of Financial Institution - Branch, City, State & Zip

Checking/Savings Account Number: _____
(circle one)

Financial Institution Routing Number: _____
(Look between these symbols I: I: on the bottom left of your check)

Signature

Date

TERMINATION OF AGREEMENT

I hereby terminate this authorization effective: _____

Signature