

Village of Covington ACH - AUTOMATIC WITHDRAW AUTHORIZATION

This document must be completed and signed by a Covington utility customer requesting automatic withdraw of funds to pay Covington monthly utility bills. Customers must attach a voided check for the account they wish to have funds withdrawn from to help verify the accuracy of account numbers and bank routing numbers.

Bank Name:______Bank Phone #:_____

Bank routing #:	Bank Account #:	
Customer Name:		
Customer Email:	Customer Ph	one #:
Account Number of Utility Account(s) to	o include:	
INSERT A VOIDED CHECK	K FOR THE ACCOUNT TO	BE DEBITED HERE
 By signing this document, I understand the following: I am giving authorization for the Village of Covington to debit the from the above listed account, funds to pay monthly Covington utility bills. I understand and agree that this will be completed electronically or by any other commercially accepted method; I understand and agree that the monthly invoice will be provided to me via Email by default and will not be mailed unless requested directly. I understand this authorizes the financial institution holding the Account to post all such entries. 		
This authorization will remain in effect until the Village of Covington receives a written termination notice.		
Print Name	Authorized Signature	Date
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VILLAGE USE: Date Entered into	System Con	npleted By: