



**VILLAGE OF PENDER**

P.O. Box 549  
614 Main Street  
Pender, Nebraska 68047  
Office: 402-385-3232  
Fax: 402-385-2349  
E-mail: clerk@villageofpender.com



**DEBIT AUTHORIZATION**

I (we) hereby authorize VILLAGE OF PENDER hereinafter called COMPANY, to initiate debit entries to my (our) account at the financial institution name below, hereinafter called FINANCIAL INSTITUTION.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

\_\_\_\_\_  
FINANCIAL INSTITUTION NAME

\_\_\_\_\_  
BILLING ADDRESS CITY/STATE ZIP CODE

\_\_\_\_\_  
ROUTING NUMBER ACCOUNT NUMBER  CHECKING  SAVINGS

\_\_\_\_\_  
**MONTHLY** FREQUENCY EFFECTIVE DATE STOP DATE

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

\_\_\_\_\_  
PRINTED NAME SIGNATURE DATE

**To be completed by Village Office**

REVOKED ON \_\_\_\_\_ BY \_\_\_\_\_  
DATE SIGNATURE PRINTED NAME