



VILLAGE OF PENDER

614 Main Street
Pender, Nebraska 68047
Office: 402-385-3232
Fax: 402-385-2349
E-mail: pendervillage@abbnebraska.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