



TOWN OF MIDDLETOWN
350 EAST MAIN ROAD • MIDDLETOWN, RHODE ISLAND 02842

OFFICE OF THE FINANCE DIRECTOR
Office: (401) 846-4478 • Fax: (401) 849-6267

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

COMPANY NAME: Town of Middletown

ACH ID NUMBER: _____

For internal use only

I (we) hereby authorize the Town of Middletown, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings account indicated below at the bank named below, hereinafter called BANK, to debit the same to such account.

PLEASE PRINT CLEARLY

BANK NAME: _____

BRANCH: _____

CITY: _____

STATE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until the Town of Middletown has received written notice from me (or either of us) of its termination in such time and in such manner as to afford the Town of Middletown and BANK a reasonable opportunity to act on it. For joint accounts, information on authorized signators must be provided below.

NAME(S) _____

SIGNATURE _____

NAME(S) _____

SIGNATURE _____

DATE _____

DATE _____

PHONE NUMBER: _____

E-MAIL: _____

MUST ATTACH A VOIDED CHECK or VERIFICATION of BANK ACCOUNT

Please note: A \$25 fee will apply if the ACH is rejected by the Bank. Other fees may apply.