



Village of Tequesta

Authorization Agreement for ACH Debits

Please check one: Enroll Withdraw Change Bank Accounts

A voided check must be attached to enroll or change bank accounts

| | |
|---|---|
| Customer Name(s) (as it/they appear on your bank account) | |
| Service Address (residential only – include city, state and zip) | |
| Mailing Address (include city, state and zip) | |
| Customer Account Number (located on the side left of bill) | |
| Contact Phone Number | |
| I (We), the undersigned, hereby authorize the Village of Tequesta , to initiate debit entries and/or correction entries to our checking account at the bank/depository named below. The ACH Debit transaction will take place on the 28th of each month . If the 28 th should fall on a weekend or holiday, the ACH Debit transaction will take place on the next business day. | |
| Bank/Depository Name | Branch Address (include city, state and zip) |
| Bank Transit/Route/ABA Number | Account Number |
| The authorization is to remain in full force until the Village of Tequesta has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Village of Tequesta and bank/depository reasonable opportunity in which to act. | |
| Signature | Date |
| Signature | Date |

Please drop off (345 Tequesta Drive) or Email completed form to: Rrebecchi@tequesta.org