

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBIT

I (we) authorize Town of Brighton to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous as follows:

Select one ____ Checking Account ____ Savings Account

At the depository financial institution named below. I agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Amount of debit(s) authorized: _____

Date(s) / Frequency of Debit: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Town of Brighton in writing or phone that I (we) wish to revoke this authorization. I (we) understand that Town of Brighton requires ample time prior notice in order to cancel this authorization.

Name(s): _____

Account #: _____

Date: _____ Signature(s) _____