

E-Check Payment Authorization Form

Company Name: Borough of State College

I hereby authorize the Borough of State College (Company) to initiate debit entries to my account with the financial institution indicated below. This authorization is to remain in full force and effect until Company above has received written notification from me of its termination; at such time and in such manner as to afford Company above and the financial institution no later than 15 days before the next transaction effective date to act on my request.

Customer Name _____	Account # _____
Please Print	
<u>Property Address</u> _____	
Customer Signature _____	Date _____

Bank Account Information	
Depository Bank Name _____	() Checking () Savings
City _____	State _____ Zip _____
Routing/Transit Number _____	Account Number _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.

The diagram shows a check with the following fields and callouts:

- Payor Information:** John & Jane Doe, 123 Your Street, Anywhere, USA 12345. Callout: "Checking Account # (usually follows the Routing & Transit #)".
- Date:** _____
- Pay To:** Pay To The Order Of _____ \$ _____ DOLLARS. Callout: "Check Number (is not needed to complete this form)".
- Bank Information:** YOUR BANK, 123 Your Bank's Street, Anywhere, USA 12345.
- Memo:** _____
- Routing & Transit Numbers:** ⑆0 1 2 3 4 7 6 7 8 ⑆ and ⑆ 2 3 4 5 6 7 8 9 ⑆. Callout: "Routing & Transit # (9 digit number between these two symbols)".
- Check Number:** ⑈ 200 ⑆⑈

*This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.