

Town of Holland

120 School Road

Derby Line VT 05830

802-895-4440

Holland1805@hotmail.com

ACH Payment Authorization Form

Sign and complete this form to authorize Town of Holland to make a one time debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Town of Holland to charge my bank account
(full name)

indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

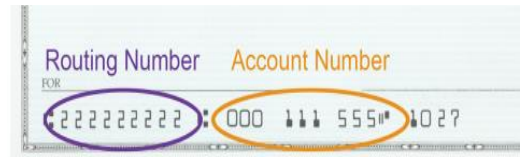
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that <insert your company name> may at its discretion attempt to process the charge again within 30 days, and I agree to an additional <insert \$> charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute <insert your company name>'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.