

Town of Akron

Authorization for Auto Withdrawal on Utility Account

Date: _____

Bank _____

Address _____

You are hereby authorized and requested, until otherwise instructed, to pay and charge to my account all bills for Akron utility service, rendered against the undersigned by the Town of Akron payable on the due date of the printed statement.

If the funds are not in the account on that due date, a Non-Sufficient Fund (NSF) fee of \$25 will be assessed.

After two NSFs have occurred, the Town of Akron will deactivate this service.

Customer Signature
(as appears at bank)

Routing Number: _____

Checking _____ Savings _____

Printed Name

Account Number _____

Office Information

Acct number _____

Alert Message of "Direct Pay Customer!" entered _____

Date entered _____

Notes: