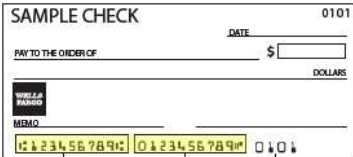


VILLAGE OF SPRINGVILLE

5 W. Main St. P.O. Box 17, Springville NY 14141
(716) 592-4936

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

INSTRUCTIONS: This form gives the Village of Springville (VOS) permission to debit the designated checking or savings account monthly for the total balance of your utility bill(s). Please **print** in ink or type. Complete this form **in full**, sign your name and date. Attach a **blank check marked VOID, savings deposit slip, or letter from your banking institute** verifying your account number. Return this form with the voided check, deposit slip, or letter to the VOS at the address listed above.



The routing number is usually found at the far left of the row of digits and symbols on the bottom of your check. It is always found between the symbols |: and |:

Routing Number Account Number Check Number

UTILITY CUSTOMER INFORMATION	ACCOUNT NUMBER	
	NAME	
	SERVICE ADDRESS	
	PHONE NUMBER	()
BANK INFORMATION	NAME SHOWN ON BANK ACCOUNT	
	BANK NAME	
	BANK ADDRESS	
	ROUTING NUMBER	
	ACCOUNT NUMBER	
	ACCOUNT TYPE	[] CHECKING OR [] SAVINGS

_____ I understand that I may withdraw from the automatic bank draft plan by providing written notice to the VOS before the first business day of the month I was the withdrawal to become effective.

_____ The VOS may terminate the automatic bank draft plan or my participation in the plan at any time.

_____ Draft items rejected or returned as unpaid by my bank are treated as a returned check. A service charge will be assessed and failure to make the payment good by a prescribed date will result in utility service interruption.

_____ I understand the VOS is committed to maintaining my privacy and safeguarding my non-public personal information and has established procedures to ensure that the confidential information I provide is maintained properly.

_____ I further understand that my bank account information will be used only for the purpose of setting up my automatic payment to the VOS and that my bank account information will be kept confidential.

By completing and signing this form, I authorize the VOS to draft the amount of my monthly utility bill(s) from the bank account named above. Once the banking information has been verified and is correct, my account will be drafted during the next billing cycle on the 15th of the month (if this falls on a weekend or holiday it will be the next business day). I accept the responsibility to pay on my utility account(s) until I receive a bill that states "DO NOT PAY – PAID BY DRAFT."

Bank account holder signature(s) Date