

DEBIT AUTHORIZATION

I (we) hereby authorize Village of Stockton, (“COMPANY”) to electronically debit my (our) account indicated below at the depository financial institution named below (“DEPOSITORY”), and to credit the same to such COMPANY account identified below. I (we) also hereby authorize COMPANY to electronically credit my (our) account at DEPOSITORY and to debit the same to such COMPANY account identified below to correct erroneous debits, if necessary. I (we) acknowledge that ACH transactions I (we) authorize must comply with the provisions of U.S. and all other applicable law and ACH Rules.

Check One: New Authorization OR Change to previous Authorization

Credit Information:

Company Name: **Village of Stockton**

Account Type: checking / savings / loan / other (specify)

Routing Number <u>N/A</u>	Account Number <u>N/A</u>
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Name(s) on the account: N/A

Debit Information:

Depository Name _____	Account type: <input type="checkbox"/> <u>checking</u> / <input type="checkbox"/> <u>savings</u> / <input type="checkbox"/> <u>other (specify)</u>
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Routing Number _____	Account Number _____
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Name(s) on the account: _____

Consumer Account / **Non-consumer Account** (select one) Note: A consumer account is defined as an account established by a natural person primarily for personal, family, or household use, and not for commercial purposes.

This authorization is for **Single Entry** **Multiple Entries** **Recurring Entries** (select one).

Entry Information:

Amount of Entry: _____ Start Date: _____

Number and/or Frequency: ONE TIME PER MONTH
(can be a range if a loan pmt.)

If the amount is a range, check here if the account holder chooses to only receive notice of an amount change when the amount falls outside of the specified range above.

A non-consumer accountholder agrees to be bound by NACHA Operating Rules.
This authorization is to remain in full force and effect until I (either of us) notify COMPANY of its termination by written and/or oral communication. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

*****PLEASE BE ADVISED THAT THERE WILL BE A \$5.00 CHARGE ADDED TO YOUR ACCOUNT FOR ANY RETURNED CHECK OR RETURNED AUTO DEBIT.**

Account holder signature: _____ Date: _____

COMPANY signature: _____ Date: _____
(not required if FI is the Originator)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.