Town of Franklin Utility Application AUTHORIZATION AGREEMENT | DIRECT PAYMENT (ACH Debits)

I (we) hereby authorize the Town of Franklin Water & Sewer Department, hereinafter called TOWN, to debit entries to my (our) account idicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

| Financial Institution Name | | City / State | | |
|--|----------------------|-----------------------|----------------------|----------------|
| Routing Number | | Acc | count Number | |
| Type of Acct: | Checking | Savings (Must | have check writing a | ability) |
| This authority is to remain ir me (or either of us) of its to INSTITUTION a reasonable o | ermination in such t | ime and manner as t | | |
| Name on Water Account | | Sig | nature | |
| Water Account Number | | Da | te | |
| COPY OF VOIDED CHECK MU | JST BE ATTACHED TO | O THIS FORM | | |
| Complete the form and mail below) or you can just drop a.m5 p.m. Monday- Friday | it off at the Town H | all at the Customer S | Service desk anytim | e between 8 |
| If you would like to receive y provide a valid address for y | _ | • • • | ase indicate so belo | w. Please also |
| I would like to enroll in the ϵ | e-billing system | | □Yes | □No |
| Please direct my bill to this e | e-mail address | | | |