

TOWN OF HILLSBOROUGH AUTOMATED DEBIT SERVICE

I (we) hereby authorize the Town of Hillsborough to initiate debit entries to my (our) checking account indicated below at the depository institution named below. This authorization is to remain in full force and effect until the Town of Hillsborough has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford the Town of Hillsborough and the depository institution a reasonable opportunity to act on it. If I (we) should change the depository institution, I (we) agree to give the Town of Hillsborough a 30 day written notification so that steps can be made to change internal procedures.

Name(s) _____ **Date to Draft** **10th** or **20th**

Depository Name _____ City _____ State _____

Routing Number _____ Account Number _____
(located at the bottom left side of the check) (located at the middle or bottom right side of your check)

PLEASE ATTACH A VOIDED CHECK TO THIS ENROLLMENT FORM. (THIS VOIDED CHECK WILL BE KEPT CONFIDENTIAL). VOIDED CHECKING DEPOSIT TICKETS ARE NOT ACCEPTABLE. THIS PROCESS COULD TAKE UP TO 60 DAYS.

SIGNATURE AND DATE: _____

WATER ACCT # _____ **SERVICE ADDRESS** _____

SIGNATURE AND DATE: _____

WATER ACCT # _____ **SERVICE ADDRESS** _____