



IVAN BOYNTON MUNICIPAL OFFICES VILLAGE OF UNION CITY

101 S. Broadway St, Union City, MI 49094 ~ Tel.- 517-741-8591 Fax-517-741-3050

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

I (We) hereby authorize the Village of Union City, hereinafter called **Company**, to initiate debit entries to my (our) Checking_____ Savings_____ account (select one) indicated below and the Depository Institution named below, hereinafter called **Depository**, to debit the same to such account on the 15th of each month for the total amount due.

Depository bank: _____

City: _____ State: _____ Zip: _____

Routing & transit number: _____

Account number: _____

First effective date: _____ Frequency: Monthly_____ Amount: Total Due_____

*****Must be at least 30 days from today*****

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it.

Utility account number: _____

Service address: _____

Name(s) _____ SSN: _____

Signature _____ Date: _____

Address _____

****Please attach a voided check or a deposit slip.***

For Company Use Only

Date received: _____

Employee receiving authorization: _____

Date Pre-note sent: _____ Date of first debit: _____

Termination date: _____ Terminated by: _____

Voided check/deposit slip attached ☐