ACH Direct Payment Authorization Agreement

I (we) hereby authorize Grove Municipal Services Authority, hereinafter called COPANY, to initiate debit entries to my (our) [] Checking [] Savings account (select one) indicated below and the depository hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.

Bank Name

Name (Print)

You will need to send a check until the change is processed.

Date

Utility Accou	nt #	Address		Bank Address	
Date	nte Signatu		Cell Ph	Cell Phone #	
Check One:					
	I am not currently participating in the ACH Direct Payment Program:				
	[] ADD – Deduct the amount due from the account shown below on the voided Check *				
	I am currently par	rticipating in the ACH D	Pirect payment pi	rogram:	
	[] CHANGE – Change Financial Institutions and/or account number *				
	[] Cancel – Stop my participation in the program				
*Due to the t	ime required for CON	MPANY and DEPOSITOR	Y processing allo	w one or two payment dates from processing.	

ATTACH YOUR VOIDED CHECK HERE