



Authorization for Withdrawals (ACH Debits)

I hereby authorize the City of Bridgman to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account.

Purpose: City of Bridgman Water and Sewer bill

Name of Financial Institution: \_\_\_\_\_

Routing Number (9 digits): \_ \_ \_ \_ \_

Account Number: \_\_\_\_\_

Type of account (check one):     Checking     Savings

Authorizing Party

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     \_\_\_ / \_\_\_ / \_\_\_\_\_

Please attach to this Authorization a voided check.

**Note: Cancellation of this ACH Debit requires a minimum of 30 days notice.**

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