

VILLAGE OF NUNDA
4 Massachusetts Street P.O. Box 537
Nunda, New York 14517 (585) 468-2215

AUTHORIZATION FOR AUTOMATIC FUND TRANSFER

Use this form to:

- ✓ **INITIATE** AN AUTOMATIC FUNDS TRANSFER FOR WATER/SEWER BILL PAYMENT.
- ✓ **CHANGE** THE BANK INFORMATION ON AN EXISTING AUTOMATIC FUND TRANSFER.
- ✓ **STOP** AN AUTOMATIC FUNDS TRANSFER FROM YOUR CHECKING OR SAVINGS ACCOUNT.

Instructions: Please complete form in its entirety, including signature and date and return to the Village of Nunda, 4 Massachusetts Street P.O. Box 537, Nunda New York 14517

I (we) do hereby authorize the Village of Nunda to withdraw funds on the due date from the bank account shown below and the bank indicated to debit the same amount. This authorization is to remain in effect until the Village of Nunda receives written notification from me terminating the authorization for Automatic Funds Transfer at least 10 (ten) business days prior to the due date of the payment. In the case of unsuccessful debits, I understand that the Village of Nunda reserves the right to cancel this authorization and that I will be notified in writing of such action. I acknowledge that the origination of Automatic Funds Transfer transactions to my account must comply with the provisions of applicable law. A fee of \$30.00 will be charged for all transactions resulting in insufficient/unavailable funds depending on the amount of the check. Note: The Financial Institution may also charge for payments returned from the bank for insufficient/unavailable funds.

Account Owner/Custodian's Information:

Account Owner/Custodian's First Name

MI

Last Name

Address

City, State, Zip

E-mail Address

Daytime Phone

Action to be taken:

Transfer Funds Amount Due for Water/Sewer Bill Payment: Initiate Change

Transfer to take place via: ___ Checking ___ Savings (attach voided check)

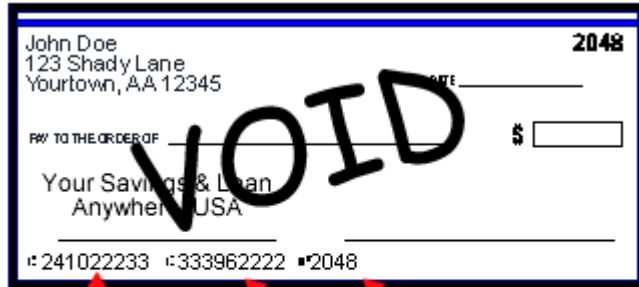
X _____ X _____
Signature of Account Owner Signature of Joint Account Owner

Stop Automatic Transfers: By signing below, you authorize the termination of the previously established automatic deductions from your account to _____ Business Name_____.

X _____ **Date:** _____
(Please allow 10 (ten) business days from the receipt of this written notification to terminate the deductions).

The following numbers are needed in order to initiate this transaction.

For your convenience,
please attached a VOIDED check or deposit slip to this page.



Routing Number	Account Number	Check Number
241022233 (9 digits: begins w/ 01-12 or 21-32)	333962222	2048