DUBLIN BOROUGH

119 Maple Avenue
Dublin, PA 18917-0052

Telephone: (215) 249-3310
Fax: (215) 249-9875
www.dublinborough.org

ACH DEBIT AUTHORIZATION AGREEMENT

APPLICANT INFORMATION	
Name:	
Address:	
Phone Number:	Cell Phone Number:
I (We) hereby authorize Dublin Borough, hereinafter called COMPANY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Depository Name (Bank):	
Depository Address:	
Depository Routing Number:	
Depository Account Number:	Checking ☐ Savings ☐
Utility Account Number:	
This Authorization 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name(s): (Please Print)	
Signature (s):	