



CITY OF DUBOIS, PENNSYLVANIA

PO BOX 408 16 W. SCRIBNER AVE. DUBOIS, PENNSYLVANIA 15801

TELEPHONE: 814-371-2000

FAX: 814-371-1290

BUREAU OF WATER

ACH BANK FORM

ACCT NO. _____ - _____

CUSTOMER NAME: _____

Joint Acct Only

NAME: _____

ADDRESS: _____

I (we) hereby authorize the City of DuBois to initiate automated clearinghouse entries to my (our) account:

Checking Savings (Select One)

Indicated below and the Bank named below, to credit and/or debit the same to such account:

BANK NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

See Example Below

This authorization is to remain in full force and effect until the City of DuBois has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of DuBois and Depository customer a reasonable opportunity to act on it.

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

(Joint Account Holder)

Example

NAME
ADDRESS
CITY STATE ZIP

DATE: _____

Pay to the order of: _____ Dollars

|:#####|:
Routing Number

#####||
Account Number

Check #

Please include a VOIDED CHECK with this form.