



702 Lake Street • P.O. Box 236 • Roscommon, Michigan 48653
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ACH Authorization Form – Utility Billing

I (we) hereby authorize the Village of Roscommon (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name – PLEASE PRINT:	
Address – PLEASE PRINT:	
Utility Billing Account:	
Email Address:	

Name of Financial Institution:	
Address of Financial Institution:	
Routing Number:	
Account Number:	Checking: <input type="checkbox"/> _____ Savings: <input type="checkbox"/> _____

Signature

Date

These numbers are located on the bottom of your check as follows:

