## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please check if this authoriza		٠,	Property tax billing Sewer billing
Property location (s):(Please list all property locat		ıtho	rization is to cover)
I (We) hereby authorize the Account Savings Accountinstitution named below and	City of Berlin to nt (select one) i I debit the same	init indic e to	ciate debit entries to my (our) Checking cated below at the depository financial such account. I (We) acknowledge that the bunt must comply with the provisions of U.S.
Bank Name:			
Bank Routing Number:			
Your Account Number:			·
Authorization Amount:			
Deduction to be made:	Annually (da	ite b	oill is due) Monthly (2 <sup>nd</sup> Wednesday)
	er of us) of its to	erm	effect until the City has received written ination in such time and in such manner as to rtunity to act on it.
Name(s):			
		(Ple	ase Print)
Date:	Teleph	one	Number:
Signature(s):			
NOTE: DEBIT AUTHORIZATIONS M NOTIFYING THE ORIGINATOR IN T			E RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY IN THE AUTHORIZATION.
Please return this form to:	City of Berlin Tax Collector's 168 Main Stree Berlin, NH 035	et	ice