

**VILLAGE OF CLEARWATER**

BOARD OF TRUSTEES

*"Looking to the Future"*



402-485-2365

clwtrvillage@gmail.com

626 Main St.  
P.O. Box 116  
Clearwater, NE 68726

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT  
(ACH DEBITS)**

I hereby authorize the Village of Clearwater, hereinafter referred to as COMPANY, to initiate debit entries to my (our) account indicated below, hereinafter referred to as FINANCIAL INSTITUTION, to debit the same to such account on the 1<sup>st</sup> of every month.

**ACCOUNT INFORMATION**

\_\_\_\_\_  
Financial institution name Branch

\_\_\_\_\_  
Address City/State Zip

\_\_\_\_\_  
Routing number Account number

Type of account:  Checking  Savings

This authority will remain in full force and effective until either the COMPANY and/or FINANCIAL INSTITUTION have received written notification from me (us) of its termination in such time and manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Village of Clearwater account number(s)

\_\_\_\_\_  
Print name on account

\_\_\_\_\_  
Signature Date

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM