

VILLAGE OF OXFORD
Oxford Utilities Department

Auto Bank Draft Application
Authorization For Direct Withdrawal (Ach Debits)

CUSTOMER NAME (PLEASE PRINT) _____

CUSTOMER ADDRESS: _____

UTILITY ACCOUNT #: _____

WITHDRAWAL DATE: THE 15TH OF EACH MONTH (if the 15th falls on a weekend or a holiday, the next business day will be the withdrawal date.)

I (we) hereby authorize the VILLAGE OF OXFORD, NEBRASKA UTILITIES DEPARTMENT, herein called OXFORD UTILITIES, to initiate debit entries to my (our)

checking savings (select one)

Indicated below and the depository financial institution named below, herein called DEPOSITORY, and to debit the same 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 (your bank's name): _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ABA NUMBER/ROUTING AND TRANSIT NUMBER: _____

MY BANK ACCOUNT NUMBER: _____

DATE: _____

SIGNATURE(S): _____

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

PLEASE NOTE:

A void check needs to accompany this form to complete the authorization process.

Your first bill after signing up will be drafted. Your bill indicate the date of the withdrawal.