AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of Strafford, to debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account.

Financial Institution Name		Branch		
Address		City/State	Zip	
Routing Number A	Account Number	Type of Acct:	Checking	Savings
This authorizes the Town of Straff payment(s):	ford to debit your ac	count indicated abov	ve for the follow	ing
September 6, 2023 ir	n the amount of: \$		_	
December 6, 2023 ir	n the amount of: \$		_	
This authority is to remain in full f	force and effect until	December 31, 2023		
Print Name		Signature		
Parcel ID		Date		

PLEASE return this authorization form by August 23, 2023 deadline.