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

_____ _____Type of Acct: _____Checking _____Savings

Routing Number Account Number

This authorizes the Town of Strafford to debit your account indicated above for the following payment(s):

☐ September 4, 2024 in the amount of: $_____

☐ December 4, 2024 in the amount of: $_____

This authority is to remain in full force and effect until December 31, 2024.

_____ _____

Print Name Signature

_____ _____

Parcel ID Date

PLEASE return this authorization form by August 22, 2024 deadline.