



ACH Authorization

127 N Collins Rd
Sunnyvale, Texas 75182
Office: 972-203-0325 Fax: 972-226-1804
Email: UB@TOWNOFSUNNYVALE.ORG

Today's Date: _____ **Account #:** _____

Service Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Authorization

I (we) hereby request and authorize the Town of Sunnyvale (THE COMPANY) to initiate entries to my checking/savings account(s) at the financial institution listed below (the financial institution) and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the company is notified by me (us) in writing to cancel it in such time as to afford the company and the financial institution has reasonable opportunity to act on it.

Signature: _____

Date: _____

Please attach voided check here