AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please check if this authorization is for:

() Property tax billing() Sewer billing

Property location (s):	
(Please list all property	y locations that this authorization is to cover)

I (We) hereby authorize the **City of Berlin** to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) indicated below at the depository financial institution named below and debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name:	 -
Bank Routing Number: _	
Your Account Number: _	 -
Authorization Amount: _	 _

Deduction to be made:	Annually (date bill is due)	Monthly (2 nd Wednesday)
-----------------------	-----------------------------	-------------------------------------

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

Name(s):	
	(Please Print)
Date:	Telephone Number:
Signature(s):	
	UUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY THE MANNER SPECIFIED IN THE AUTHORIZATION.
Please return this form to:	City of Berlin
	Tax Collector's Office
	168 Main Street

Berlin, NH 03570