

**TOWN OF ORLEANS  
161 E PRICE AVENUE  
ORLEANS, IN 47452  
812-865-2539**

**ACH Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled debits to your checking or savings account. You will be charged the amount indicated on your monthly municipal bill. You agree that no prior notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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Please complete the information below:

I \_\_\_\_\_ authorize Town of Orleans to charge my bank account  
(print name)

Indicated below on the 10<sup>th</sup> of each month for payment of my water/sewer bill # \_\_\_\_\_.

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type      Checking      Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

Bank City/State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Town of Orleans in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.