

## VILLAGE OF MINSTER DIRECT PAYMENT AUTHORIZATION FORM

I (we) hereby authorize VILLAGE OF MINSTER to initiate entries from my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the VILLAGE OF MINSTER is notified by me (us) in writing to cancel it in such time as to afford the VILLAGE OF MINSTER and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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(Name - PLEASE PRINT)

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(Address - PLEASE PRINT)

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(Tax Identification Number)

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(Name of Financial Institution)

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(Address of Financial Institution - Branch, City, State & Zip)

Amount: \_\_\_\_\_ Frequency \_\_\_\_\_ (i.e. Monthly)

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_  
(Look between these symbols 1 : 1 on the bottom left of your check)

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(Signature)

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(Date)

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### TERMINATION OF AGREEMENT

I (we) hereby terminate this authorization effective \_\_\_\_\_

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(Name - PLEASE PRINT)

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Signature