



Village of Wellsville  
**Department of Public Utilities**  
 23 North Main Street \* Wellsville, New York 14895  
 Phone: (585) 596-1760 \* FAX: (585) 593-3938  
 711(TDD)

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARINGHOUSE PAYMENTS**

I (we) hereby authorize the Village of Wellsville, Department of Public Utilities, hereafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereafter called DEPOSITORY, to debit the same to such account.

**Depository/**  
**Bank Name** \_\_\_\_\_ **Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Transit/**  
**Routing #** \_\_\_\_\_ **Checking or Savings (select one please)**  
**Account #** \_\_\_\_\_

This authority is to remain in full force until COMPANY AND DEPOSITORY have received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

**Applicant**  
**Name(s)** \_\_\_\_\_

**DPU Account #** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Signed X** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed X** \_\_\_\_\_ **Date** \_\_\_\_\_

**(ATTACH COPY OF VOIDED CHECK/DEPOSIT SLIP BELOW):**

John Doe 1234  
 123 Main St  
 Hometown, ZZ 12121

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

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

For \_\_\_\_\_

/:099909999/  
**Transit/Routing Number**

// "23" 45678 9//  
**Account Number**

1234  
**Check Number**

“This institution is an equal opportunity provider and employer. To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272(voice) or (202) 720-6382(TDD).”