

**VILLAGE OF ARNOLD**  
**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)**

I (we) hereby authorize the Village of Arnold, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

ACCOUNT INFORMATION:

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip Code)

\_\_\_\_\_  
(Routing Number) (Account Number)

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

\_\_\_\_\_  
(Print Individual Name or Names on Account)

\_\_\_\_\_  
(Print Individual Account Number with the Village of Arnold)

\_\_\_\_\_  
(Signature) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**

Village of Arnold  
209 West 1<sup>st</sup> Ave  
PO Box 70  
Arnold, NE 69120  
(308) 848-2228  
Email: [arnoldvillage@gpcom.net](mailto:arnoldvillage@gpcom.net)