

**AUTHORIZED AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)**

COMPANY NAME <p style="text-align: center;">TOWN OF LEESBURG</p>	COMPANY ID NUMBER <p style="text-align: center;">54-6001390</p>
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I (we) hereby authorize the Town of Leesburg herein after called COMPANY, to initiate, if necessary, debit entries for water and sewer payments from my
 Checking **Savings (select one)** indicated below and the financial institution named below, hereinafter called BANK.

BANK NAME	BRANCH
CITY, STATE, ZIP	
TRANSIT/ACH NUMBER	ACCOUNT NUMBER

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

NAME(S) (PLEASE PRINT)		PHONE NUMBER
UTILITY ACCT NUMBER		CUSTOMER NUMBER (CID)
DATE	SIGNED	SIGNED (second name on account)
EMAIL ADDRESS		

ATTACH VOIDED CHECK HERE

****NOTE** IF YOU BANK WITH A CREDIT UNION, CALL THEM FOR THE CORRECT ACH NUMBER AND BANK ACCOUNT NUMBER**