



507 NORTH JEFFERSON
OSSIAN, INDIANA 46777
(260) 622-4251
Fax (260) 622-6250

Authorization Form for ACH Payments

Account Number: _____

Account Holder Information:

Name: _____
Last First Middle Initial

Address of Services: _____

Contact Phone Number: (____) _____ Email Address: _____

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Checking account (___) Savings account (___)

This authority is to remain in full force and effect until the Town of Ossian has received notification from me (or us) or our representative of its termination in such time and in such manner as to afford the Town of Ossian and Bank a reasonable opportunity to act.

Signature(s): _____

Date: _____

For Office Use: (date and initial upon completion)

Clerk _____