

# MONTHLY UTILITY ONLY

## AUTOMATIC ELECTRONIC WITHDRAWAL AUTHORIZATION PORTER TOWNSHIP

Name of customer: \_\_\_\_\_ (printed)

Customer 4-digit account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Customer Telephone #: \_\_\_\_\_

Customer E-mail address: \_\_\_\_\_

I (we) hereby authorize Sturgis Bank & Trust, to initiate debit and/or credit entries to the account and the financial institution named below. I certify that I am either an owner and/or authorized on the external account, with unlimited withdrawal or deposit rights on the receiving depository financial institution's records, to originate transfers to and from the indicated account. I acknowledge the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law. I will notify Sturgis Bank & Trust and Porter Township if the account is closed, or my withdrawal right are limited or removed so it may be deleted from future use. The intent is to have the offsetting entry for these transfers to be deposited to Porter Township's checking account maintained at Sturgis Bank & Trust. I request the entries to occur in the following manner:

Chose a date 5<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_ (this payment will come out each month on this date.)

Date checked above to begin on month of \_\_\_\_\_

Depository Name: \_\_\_\_\_

Depository Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:  Checking  Savings

This authority is to remain in full force and effect until Sturgis Bank and Porter Township has received written notification from me of its termination in such time and in such manner as to afford Sturgis Bank and Porter Township a reasonable opportunity to act on it.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_