

**Town of Highland
ACH Debit Authorization**

I hereby authorize Town of Highland to debit my account an amount not to exceed my monthly-billed charges.

Name: _____

Address: _____

Home Phone No. _____

Business Phone No. _____ Date _____

Utility Account No. _____

Depository Institution: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____ Account Number: _____

_____ Checking or _____ Savings

Signature: _____

I understand that I am in full control of my payments, and if at any time I decide to discontinue the Automatic Payments, I will simply notify the Town of Highland in writing of its termination in such time and manner as to afford the Town of Highland and the Financial Institution a reasonable opportunity to act.

Please attach a voided check