

HOOKSETT SEWER COMMISSION

*1 Egawes Drive
Hooksett, NH 03106
603-485-4112*

ACH BANK DRAFT PAYMENTS SIGN-UP FORM

ACCOUNT #: _____

NAME: _____

LOCATION ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

BANK INFORMATION

BANK NAME: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

NAME ON ACCOUNT: _____

ACCOUNT TYPE (PLEASE CIRCLE): CHECKING SAVINGS

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize the Hooksett Sewer Commission to deduct my sewer payment from this bank account via Electronic Funds Transfer. I understand sending **written** notification to the Hooksett Sewer Commission will revoke this authorization.

The Hooksett Sewer Commission reserves the right to cancel the Electronic Funds Transfer due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date