



VILLAGE OF OSSINING
Municipal Building
16 CROTON AVENUE
OSSINING, N.Y. 10562

EZ PAY--AUTHORIZATION AGREEMENT

This completed and signed form serves as authorization for the Village of Ossining to debit my account for my Water/Sewer bill payment each month. **I understand that this payment will be debited from my account on the due date which appears on my bill.**

Account Information:

Water/Sewer Account No.: _____ - _____ - _____ - _____

Name: _____

Address: _____

Phone: _____

Banking Information

Type of Account Checking Savings

Bank Name: _____

Bank Address: _____

Account No: _____

Transit No.: _____

(Nine digit number, left hand corner of check)

I understand that the Village of Ossining will notify me in writing of the first effective date of the draft which will coincide with the due date. This notice will appear on my bill and state "Bank Draft – Do Not Remit". I will continue to send a check with my Water/Sewer bill stub until I am notified.

This draft will be in effect until I notify the Village of Ossining and my bank in writing that this service is no longer desired, allowing reasonable time to act on my notification and discontinue the withdrawals.

I understand that the Village of Ossining reserves the right to revoke this authorization with or without cause at any time; and that more than one occurrence of non-sufficient funds within a 12 month period may prompt immediate termination. A fee of \$20.00 for non-sufficient funds will be incurred.

Please attach a voided check for bank transit and account number verification. This authorization cannot be processed without sufficient bank information.

This authorization is not negotiable nor transferable.

Phone No

Customer Signature (As it appears on your check)

Date