

# TOWN OF EASTCHESTER ACH AUTHORIZATION RETIREE HEALTH INSURANCE

## DEBIT AUTHORIZATION FORM

I (we) hereby authorize **The Town of Eastchester** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE BANK), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE TOWN OF EASTCHESTER is notified by me (us) in writing to cancel it in such time as to afford THE TOWN OF EASTCHESTER and THE BANK a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Address of Bank - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT - Street, City, State, & Zip)

Monthly Premium: \_\_\_\_\_ or Other Amount: \_\_\_\_\_

Bank Routing Number\*: \_\_\_\_\_

Checking/Savings Account Number\*: \_\_\_\_\_

\*These numbers are located on the bottom of your check as follows:

SGT. John Smith 123 Any Street Any Town, TX 78122	1100
DATE	
Pay to the ORDER OF	\$
	DOLLARS
EISENHOWER BANK Member FDIC	
MEMO	SIGNATURE
⑆111021933⑆012345678 1100	

⑆111021933⑆ 012345678  
Bank Routing Number      Account Number