

Authorization Agreement for ACH Debits/Collections

Recipient Name: Hamilton Lake Conservancy District

Address: P.O. Box 331 , Hamilton, IN 46742-0331

Telephone: 260-488-3304



I hereby authorize **Hamilton Lake Conservancy District** (COMPANY) to debit payments (and if necessary, credit entries for reversal or adjustment, for any debit entries created in error) from my account at the designated depository named below hereinafter called DEPOSITORY.

I hereby accept responsibility to notify COMPANY, of any changes in the depository or account number in a timely manner. I also agree to notify the COMPANY in the event of an error in this payment and assist them in resolving it.

Depository Name (Bank) \_\_\_\_\_

City, State, and Zip (depository) \_\_\_\_\_

ABA Number/Routing Number (9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

Signed (print name) \_\_\_\_\_

Signed (signature) \_\_\_\_\_ Date \_\_\_\_\_

Please attach voided check to document and send to **Hamilton Lake Conservancy District**  
**PO Box 331, Hamilton, IN 46742-0331**