

TOWN OF NEW CASTLE
AUTHORIZATION FOR DIRECT PAYMENTS TO WATER ACCOUNTS

NAME: _____ WATER ACCT # _____

ADDRESS: _____

I (we) hereby authorize the Town of New Castle to initiate debit entries to my (our) Checking Account indicated below and the Depository name below, to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until the Town of New Castle and the Depository have received written notification from me (or either of us) of its termination in such time and such manner as to afford the Town of New Castle and Depository a reasonable opportunity to act on it. Please allow a minimum of 30 days for processing.

(X): _____ DATE: _____
(Signature)

PLEASE COMPLETE AND SIGN THIS FORM AND RETURN ALONG WITH A VOIDED CHECK DRAWN ON THE ACCOUNT YOU WANT TO USE FOR YOUR DIRECT PAYMENT. APPLICATION MAY BE RETURNED AS FOLLOWS:

U.S. MAIL: TOWN OF NEW CASTLE
COMPTROLLER'S OFFICE
200 SOUTH GREELEY AVENUE
CHAPPAQUA, NY 10514

FAX: 914-238-0426

EMAIL: PPASTELL2@TOWN.NEW-CASTLE.NY.US