



Town of Moultonborough

Administration Office

Post Office Box 139

Moultonborough, N.H. 03254

Tel. No. (603) 476-2347

FAX No. (603) 476-5835

CREDIT / DEBIT AUTHORIZATION FORM – DIRECT DEPOSIT

I (We) Hereby authorize the Town of Moultonborough to initiate entries to my checking and / or savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited / debited in error. This authority will remain in effect until the Town of Moultonborough has notified me, in writing to cancel it in such time as to afford the Town of Moultonborough and the Financial Institution a reasonable opportunity to act on it.

Name – Please Print

Address – Please Print

Name of Financial Institution

Address of Financial Institution

Please Deposit the set amount of \$ _____ Or Please Deposit the entire Check. _____

Please Circle One: Checking Account or Savings Account

Financial Institution Routing Number _____

Account Number _____

Please attach a Voided Check or Voided Deposit Slip