



Town of Moultonborough Finance Office

6 Holland Street - PO Box 139
Moultonborough, NH 03254
(603) 476-2347 * Fax (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(s) 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)

Mailing Address (Please Print)

Name of Financial Institution

Address of Financial Institution

Routing #	Account #	Checking or Savings	Amount

Name of Financial Institution

Address of Financial Institution

Routing #	Account #	Checking or Savings	Amount

Signature

Date

PLEASE ATTACH A VOIDED CHECK OR VOIDED DEPOSIT SLIP