



## Town of Clay City, Indiana Electronic Fund Transfer (EFT) Authorization Form

### Section 1: Applicant Information

- Name/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Section 2: Bank Account Information

- Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

- Bank Phone Number: \_\_\_\_\_
- Routing Number: \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Account Type: ( ) Checking ( ) Savings

### Section 3: Purpose of Transfer

Reason for EFT:

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- Frequency of Transfer: ( ) One-Time ( ) Recurring
- Amount (if recurring): \$ \_\_\_\_\_

**Section 4: Authorization**

I hereby authorize the Town of Clay City, Indiana, to initiate electronic fund transfers to/from the bank account listed above. I understand that this authorization will remain in effect until I provide written notice of cancellation or until the Town of Clay City terminates this agreement. I certify that the information provided on this form is accurate and complete.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section 5: For Official Use Only**

- **Date Received:** \_\_\_\_\_
- **Approved By:** \_\_\_\_\_
- **EFT Setup Completed By:** \_\_\_\_\_
- **Date of Setup Completion:** \_\_\_\_\_

**Submission Instructions:**

Please submit this completed form to the Town of Clay City Clerk-Treasurer’s Office:

- **Mail:** Town of Clay City Clerk-Treasurer’s Office  
800 Front St.  
Clay City, IN. 47841
- **Email:** [claycitywaterworks@gmail.com](mailto:claycitywaterworks@gmail.com)
- **Phone for Questions:** 812-939-2345

**Privacy Notice:** Your information will be kept confidential and used solely for the purpose of processing electronic fund transfers as authorized above.