



**BRANCH
BROOK**

P.O. Box 967 • Kennebunk, Maine 04043-0967

Tel. (207) 985-1500 • Fax (207) 985-0271 • www.branchbrook.net

BBF Acct #: _____

Authorization Agreement for Direct Payments

I (we) hereby authorize Branch Brook to initiate debit entries to my (our) account indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

CHOOSE ONE: FUEL Only SERVICE Only BOTH

Name of Financial Institution: _____

Branch: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Account Type (check one): CHECKING ACCT SAVINGS ACCT

This authorization is to remain in full force effect until Branch Brook has received written notification from me (or either of us) of its termination in such a time and in such manner as to afford Branch Brook and the financial institution listed above a reasonable opportunity to act upon it. PLEASE NOTE: The invoiced amount will be debited from the account within 7 calendar days from the invoice date.

Printed Name: _____

Address: _____

Signature: _____ Date: _____

****Please attach a VOIDED CHECK or
BANK PRINTED DEPOSIT SLIP ****

Updated 5/24/23 SR

"Our Personal Service Is The Difference"