

Authorization Agreement of Direct Payments (ACH Debits)

By completing the form below, you would like to initiate having your monthly utility bill automatically withdrawn from your banking account by:

Village of Stockbridge Utilities Stockbridge, WI 53088

I hereby authorize the Village of Stockbridge, hereinafter called COMPANY, to initiate debit entries to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: (Your Financial Institution)		TRANSIT / ABA (ROUTING) NUMBER:	
ACCOUNT TYPE : (Please check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings *Please attach a voided check or savings ticket!		ACCOUNT NUMBER :	
THE DOLLAR AMOUNT TO BE DEBITED WILL BE THE TOTAL AMOUNT DUE ON UTILITY BILL ALL WITHDRAWALS WILL BE DONE MONTHLY ON OR AROUND THE 20TH OF THE MONTH BEGINNING ON: _____ (Month) _____ (Year)			
NAME: (Name MUST MATCH on Utility Bill AND Banking institution account !)			
MAILING ADDRESS:			
CITY		STATE	ZIP
SIGNATURE			DATE:
Debit transactions returned NSF(Non Sufficient Funds) may be reinitiated 2 times. The reinitiated transaction will be in the amount of the original transaction, and within 182 days of the returned transaction. A separate transaction will be originated for \$25.00 for a NSF fee per occurrence.			

REVOCATION OF ACH (STOP ACH) I HEREBY REVOKE THE ABOVE AUTHORIZATION	
EFFECTIVE DATE: _____	
SIGNATURE	DATE :