

Please fill out if you would like your monthly Village of Stockbridge Utility bill automatically withdrawn from your banking account.

Authorization Agreement for Direct Payments (ACH Debits)

VILLAGE OF STOCKBRIDGE

Stockbridge, WI 53088

I hereby authorize 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: CHECKING ___ SAVINGS ___ *please attach a voided check or savings ticket	ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

DOLLAR AMOUNT TO BE DEBITED \$ <u>* Amount due on utilities bill *</u>	*ALL WITHDRAWALS WILL BE DONE MONTHLY ON OR AROUND THE 20 TH OF THE MONTH * Beginning on: _____
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NAME (PLEASE PRINT)

ADDRESS

PHONE

SIGNATURE

DATE

Debit transactions returned NSF may be reinitiated 2 times. The reinitiated transaction must be in the amount of the original transaction, and within 182 days of the returned transaction. A separate transaction will be originated for \$25 for a NSF fee per occurrence.

I hereby revoke the above authorization effective _____

Date _____

Signature _____