Village of Wilton
INCORPORATED 1890
Wisconsin
400 East Street Ste 103 Wilton, WI 54670 | Phone: (608) 435-6666 |
villageofwilton.com

UTILITY PAYMENTS
DEBIT AUTHORIZATION FORM

I (we) hereby authorize *Village of Wilton*, hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the *(Financial Institution)* named below, hereinafter called "FINANCIAL INSTITUTION", to debit the same to such account for monthly utility payments. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable laws, including U.S. law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to credit my account indicated below to correct any error made.

_____
Financial Institution Branch

_____
Address

_____
City/State/Zip

Routing Number: _____ Account Number: _____

Type of Account: Checking: _____ Savings: _____

_____-WILL VARY BASED ON MONTHLY USAGE/BILL-_____
Amount of the debit or method of determining amount of the debit

Frequency (Weekly, Monthly, etc.): _MONTHLY__ Start Date (if recurring): _____

Date of Debit(s): ___15TH of each MONTH_____
**If the debit is recurring and the date of the debit falls on a non-banking day, the debit may post to your account on the next banking day and will not post to your account prior to the authorized date.*

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

_____
Email where monthly bills are authorized to be sent

_____
Print or Type Individual Name

_____
Signature Date

Please Attach Copy of Voided Check to This Form