

## City of Wilmont –Utility Bill ACH Debit/Credit Authorization Form

By signing this form, I authorize the City of Wilmont (hereafter "the City") to initiate electronic credit/debit entries to the checking or savings account indicated below at the financial institution identified below. I understand that payments and reimbursements *may* be made by the City, to me or the vendor I represent and *only to the bank account indicated*. In the event of overpayment, I may revoke or cancel this authorization and enrollment by notifying the City of Wilmont in writing at least fifteen (15) days prior to termination. *Any change* to the bank account or to a new financial institution will require a *new* City of Wilmont Authorization agreement and enrollment form. *Failure to notify the City of an account change will delay payment and will incur a \$5 fee. The payment of your bill (debit) will appear on your statement as: Wilmont WSG.*

I wish to:

Enroll

☐

Withdraw

☐

Change Bank Information

☐

**CUSTOMER NAME(S)** as they appear on your bank account

**MAILING ADDRESS, CITY, STATE AND ZIP CODE**

**PHONE NUMBER**

**PROPERTY ADDRESS**

**E MAIL ADDRESS**

<input type="text"/>	<input type="text"/>
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The ACH Debit Transaction will take place on the **10<sup>th</sup> day** of the month in which the utility bill is due. If the 10<sup>th</sup> should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.

**BANK/DEPOSITORY NAME**

**BRANCH ADDRESS**

<input type="text"/>	<input type="text"/>
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**CITY**

**STATE**

**ZIP**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**BANK ROUTING NUMBER**

**ACCOUNT NUMBER**

<input type="text"/>	<input type="text"/>
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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Authorization form must be received by the 20<sup>th</sup> of the month for ACH payments beginning the following month.

**Please Attach Voided Check**

**A VOIDED CHECK MUST BE ATTACHED  
TO ENROLL OR CHANGE BANK ACCOUNTS**

**\*\*\*Deposit Slips are NOT allowed \*\*\***