

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 **10th day** of the month in which the utility bill is due. If the 10th 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 20th 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*****