If you do not choose auto withdrawal but do choose to have your bill emailed, please sign here and disregard balance of form. I agree to have my monthly utility bill emailed to me.

Email address:_____

Signature_____Date_____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize the ***Village of Stetsonville*** to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law. (Please attach a voided check or deposit ticket, or a bank letter).

Bank Name: _____

Bank Address:_____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type**: ___Checking ___Savings

I agree that my bank account will be debited between the 20 and 23 of each month. This authorization is to remain in effect until the Village of Stetsonville has received written notification from me of its termination in such time and in such manner as to afford the Village of Stetsonville and resident's bank a reasonable opportunity to act on it.

Please initial what type of direct payment customer is initiating:

_____ Direct Payment (Single Transaction on or before due date)

Name (s) Printed: _____

Signed: _____

Date: _____**Utility Account Number:** _____

Property Address: _____

Phone Number: Cell:_____Land Line_____

Email: _____