

# Village of Frederic

110 Oak Street E, PO Box 567

Frederic, WI 54837

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## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize the Village of Frederic 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).

**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 15<sup>th</sup> and 22<sup>nd</sup> of the due month. This authorization is to remain in effect until the Village of Frederic has received written notification from me of its termination in such time and in such manner as to afford the Village of Frederic and resident's bank a reasonable opportunity to act on it.

***Please initial what type of direct payment customer is initiating:***

\_\_\_\_\_ Quarterly Payment (Single Transaction on or before due date)

\_\_\_\_\_ Monthly Payment (Monthly transaction on or around the 20th of each month)

**Name(s) Printed:** \_\_\_\_\_

**Electronic Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Utility Account Number:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_