



ACCOUNT #

SERVICE ADDRESS

VILLAGE OF WOODVILLE

ACH TRANSFER AUTHORIZATION FORM

I (we) _____ authorize The Village of Woodville to electronically debit my (our) account to pay my (our) utility bill and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

ACCOUNT HOLDER NAME:			
FINANCIAL INSTITUTION NAME:			
ROUTING NUMBER			
ACCOUNT NUMBER			
ACCOUNT TYPE	0 CHECKING	OR	0 SAVINGS

I (we) understand this authorization is to remain in full force and effect until The Village of Woodville has received **written notification** of its termination in such time and manner as to afford The Village of Woodville a reasonable opportunity to act upon it.

Signature: _____ Date: _____

In addition to this completed form a voided check or letter from your financial institution is required to verify account information.

ACH payments shall be electronically debited from the designated account on the 28th day of each month. Notwithstanding the foregoing, the ACH payment for the month of February shall be debited on the 26th day of the month.

In the event that an ACH payment is returned due to insufficient funds, a \$39 returned payment fee will be assessed to your account.