

AUTOMATIC PAYMENT DRAFTING AUTHORIZATION

<u>LAST NAME, FIRST NAME</u>	<u>TELEPHONE NUMBER</u>		
<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<input type="checkbox"/> Initial Enrollment (Utility Account # _____) - Fill out the Financial Institution Section below - Sign, Date & Return			
<input type="checkbox"/> Financial Institution Change - Fill out the Financial Institution Section below - Sign, Date & Return			
<input type="checkbox"/> Termination (Utility Account # _____)			

FINANCIAL INSTITUTION INFORMATION			
<u>NAME</u>	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>TRANSIT/ROUTING NUMBER</u>	<u>ACCOUNT NUMBER</u>		

I authorize and request the Village of Union Grove to instruct my financial institution to deduct my payments from my checking or savings account; and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account. I understand that the financial institution designated or the Village of Union Grove reserves the right to cancel this agreement by notice to me. I further understand that it is my responsibility to notify the Village of Union Grove of any changes in my financial institution or accounts therein which could affect the Village's ability to satisfy this automatic payment authorization.

SIGNATURE _____ DATE _____

Return to Village Hall by:

Faxing: 262-878-3782, *Emailing:* sdemers@vi.uniongrove.wi.gov, *Mailing or in person* (925 15th Ave Union Grove, WI 53182)