

Automated Bill Pay Authorization Form

(This form is optional. If completed please include a copy of a voided check)

Applicant Information

Name _____ Phone Number _____

Utility Account Number _____

Service Address _____

Mailing Address _____

Financial Institution Information

New Request _____ Change of Information _____ Cancellation _____

Financial Institution _____

Branch Name _____ Branch Phone Number _____

Branch Address _____

Frequency of Payment _____ Checking Account _____ Savings Account _____

Routing Number _____ Account Number _____

I authorize the Village of Stratton to initiate debit entries to my checking/savings account indicated above and the names above to post the same to such account.

This authority is to remain in full force and effect until company has received written notification from me 30 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I further authorize the company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the bank to accept and to credit or debit the amount of such entries to my account. I shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I have the right to stop payment of any entry by notification to bank prior to posting to the account.

Signature _____ Date _____