



CITY OF WILLARD

Bank Pay Authorization

Please **READ & INITIAL** the applicable statement.

_____, I, (we) hereby authorize the City of Willard to **BEGIN** automatic payment withdrawal on the **first business day before the 10th of each month** for my Willard utility account.

_____, I, (we) hereby authorize the City of Willard to **CHANGE** automatic payment withdrawal because I/we have changed bank accounts.

BANK/FINANCIAL INSTITUTION: _____

ROUTING #: _____ **ACCT #:** _____

I, (we) hereby request that the City of Willard **CANCEL** the authorization that I have on file with regard to ACH (auto-pay) service on my Willard utility account.

Please READ & INITIAL each of the following statements.

INITIAL

_____ I request this cancellation take effect on this date: _____.

_____ I understand to re-activate ACH service with the City of Willard, I will have to sign an authorization form and provide another voided check.

_____ I understand that I am responsible for payment of my utility account through other payment methods. (ie: **In person, by mail, on-line bill pay at www.cityofwillard.org**)

(A VOIDED check must be attached before request can be activated)

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PRINTED NAME(S) on bank account: _____

SIGNATURE _____ DATE: _____

PHONE #: Home: _____ Cell: _____

***** FOR OFFICE USE ONLY *****

Name(s) on Utility Account: _____

Utility Account # _____ - _____ - _____ **Rec'd by:** _____

_____ Mailing Address verified _____ ACH/Bank Pay status in Incode: ___Entered ___Removed

_____ History Note: Begin/Cancel _____ 2nd Clerk verify _____ Finance Clerk verify

Notes/Special Instructions (if needed): _____