



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 NAME: _____

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 fill out another authorization form and provide another voided check.

_____ I understand that I am responsible for payment of my utility account through other payment methods. *(In person, by mail, by phone, on-line 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 # _____ - _____ - _____ **Received by:** _____

_____ Mailing address verified _____ Phone number verified Balance due \$ _____

_____ ACH/Bank Pay status in Incode: ___ Entered ___ Removed

_____ History Note: Begin/Change/Cancel _____ 1st Clerk verify _____ 2nd Clerk verify

Special Instructions (if needed): _____ Scanned & Uploaded

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