



## Village of Crivitz

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### DIRECT PAYMENT AUTHORIZATION

Request Type: ☐ New Authorization ☐ Change Existing Authorization ☐ Cancel Authorization  
CUSTOMER/UTILITY ACCOUNT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Utility Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

#### BANK INFORMATION:

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

For a NEW or CHANGED bank account, attach a voided check or other bank document showing the routing and account numbers.

#### PAYMENT OPTIONS- CHOOSE ONE

☐ OUTSTANDING BALANCE- Debit the full amount due on my Village utility bill for each applicable billing cycle.

☐ FIXED AMOUNT- Debit \$ \_\_\_\_\_ each applicable billing cycle.

#### AUTHORIZATION AND TERMS

**Authorization.** I authorize the Village of Crivitz to initiate recurring electronic ACH debits from the bank account identified above for the payment option selected on this form.

**Debit date and amount.** Debits will occur on or about the 15<sup>th</sup> day of each applicable utility billing month. If I select Outstanding Balance, the debit will equal the amount due shown on my applicable Village utility bill. If I select Fixed Amount, the debit will equal the fixed amount stated above.

**Changes or cancellation.** This authorization remains in effect until I revoke or replace it. I may change or cancel this authorization by providing written notice to the Village of Crivitz at least five (5) business days prior to the next scheduled debit.

**Returned payments.** Returned or declined electronic payments are subject to any fee authorized by Village Ordinance, rate schedule, or other applicable authority.

**Customer copy.** The Village will provide me with a copy of this authorization for my records.

By signing below, I certify that I am authorized to use the bank account identified above and agree to the authorization and terms stated on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

#### VILLAGE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Effective billing cycle: \_\_\_\_\_ ☐ Copy provided to customer