

ELECTRONIC PAYMENT AUTHORIZATION

If you have any questions, please contact us at (608) 849-4372.

AUTHORIZATION AGREEMENT – FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME: Town of Westport		
I (we) hereby authorize the Town of Westport, hereinafter called COMPANY to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP OF BANK		ACCOUNT NUMBER
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either or us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
NAME (PLEASE PRINT)		NAME (PLEASE PRINT)
ADDRESS		ADDRESS
SIGNATURE		SIGNATURE <small>(Joint accounts require signatures of both parties)</small>
DATE		DATE

FORM INSTRUCTIONS

- Please enclose a voided check

Please indicate account(s) for Electronic Payment:

- Return a copy of this form to:

Sewer

Water

Town of Westport
 5387 Mary Lake Road
 Waunakee, WI 53597
 (608) 849-9657 (Fax)