

ELECTRONIC PAYMENT AUTHORIZATION

NEW APPLICATION

UPDATE EXISTING ACH ACCOUNT

Authorization Agreement for pre-arranged payments (ACH Debits)

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.

BANK NAME:	
TRANSIT/ABA NUMBER:	
ACCOUNT NUMBER:	
written notification from me (or either afford COMPANY and DEPOSITOR right to stop payment of a debit entry DEPOSITORY a reasonable opportuncharged, I have the right to have the a DEPOSITORY, provided I (we) send	the and effect until COMPANY and DEPOSITORY have received or of us) of its termination in such time and in such manner as to an easonable opportunity to act on it. I (or either or us) has the by notification to DEPOSITORY at such time as to afford the nity to act on it prior to charging account. After account has been amount of an erroneous debit credited to my account by written notice of such debit entry in error to DEPOSITORY within ount statement or 45 days after posting, whichever occurs first.
NAME:	NAME:
ADDRESS:	ADDRESS:
SIGNATURE:	
DATE:	
EMAIL:	
Please indicate account(s) for Ele	
Sewer (Acct#:	Water (Acct#:)

FORM INSTRUCTIONS

- Please enclose a voided check or a copy of a check.rm
- Return this form to: <u>reception@townofwestport.org</u>
- By mail: Town of Westport, 5387 Mary Lake Road, Waunakee, WI 53597
- Fax: (608)-849-9657