



# TOWN OF WESTPORT

5387 Mary Lake Road • Waunakee, WI 53597  
Office: (608) 849-4372 • [www.townofwestport.org](http://www.townofwestport.org)

## 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: \_\_\_\_\_

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 of 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 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: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Please indicate account(s) for Electronic Payment

Sewer  
(Acct#: \_\_\_\_\_)

Water  
(Acct#: \_\_\_\_\_)

### FORM INSTRUCTIONS

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