

Direct Withdrawal ACH Authorization Form

Customer Information

First Name: _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone (include area code) _____

Cell Phone (include area code) _____

I wish to have my monthly Village of Eau Claire Utility Billing withdrawn directly from my account each month. I understand the transaction will take place between the 8th and the 10th of each month.

I hereby authorize The Village of Eau Claire to originate electronic debit transactions from my bank (or credit union or savings & loan) account indicated below. This authority is to remain in full force and effect until the Village of Eau Claire has received written notification from me of its termination in such time as to afford The Village of Eau Claire and my bank a reasonable opportunity to act on it.

Bank: _____

Routing #: _____

Account Number #: _____

Type of Account: _____ Checking _____ Savings

Signature: _____

Date: _____

DIRECT Withdrawal ACCOUNT VERIFICATION

Please attach a void check or deposit slip in this area so that we may verify your routing and account numbers.

The Village of Eau Claire
6625 E. Main Street
P.O. Box 338
Eau Claire, MI 49111

Email: ecclerk@sbcglobal.net
Phone: (269) 461-6173
Fax: (269) 461-6813