



Direct Payment Authorization Form

Utility Account Number: _____

Name on Account: _____

Service Address: _____

I (we) authorize the Village of Lake Hallie Public Works Department to automatically withdraw funds for bill payments from my account listed below:

Financial Institution Name (Please Print): _____

Checking Account Savings Account

Account Number at Financial Institution: _____

Financial Institution Routing Number: _____

Financial Institution Address: _____

***Your payments will be made automatically by the due date shown on your Quarterly Water Billing Statement. The authority you gave to charge your account will remain in effect until you notify us in writing to terminate the authorization. To terminate authorization write to:

**Village of Lake Hallie Public Works
13136 30th Ave
Lake Hallie, WI 54729**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. A \$30.00 non-refundable service charge will be added for any payments that are denied by the Financial Institution.

Signature: _____ Date: _____

Phone Number: _____

For office use only:

Set up in billing system on: _____ By: _____