



**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

**\* A voided check or bank letter must be provided for account verification.**

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. Each of the undersigned agrees to be bound by the NACHA Operating Rules and Guidelines and the laws of the United States.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number : \_\_\_\_\_

*For Office use only:*

Set up in billing system on: \_\_\_\_\_ By: \_\_\_\_\_