



VILLAGE OF MISHICOT

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Mishicot, WI 54228-0385
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Direct Payment Form

You can have your utility payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves times – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced checks, your payment is always on time – it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear with your bank statement. **Payments will be deducted 3-5 days prior to the due date of the 20th.**

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, convenient and easy. To take advantage of this service, complete the authorization form below and return it to the Village Hall Office.

All you need to do is:

1. Check the box to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in the date, your name and financial institution.
3. Attach a voided check for verification of financial institution information. If you are unable to attach a voided check, please legibly fill in your account number and routing number.

NOTE: Forms received after the billing has gone out will be effective with the next billing cycle. Please include payment with this form if you've already received your bill.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Village of Mishicot to initiate electronic debit entries to my:

Checking account Savings Account

for payment of services. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date

Name (Please Print)

Financial Institution Name (Please Print)

Financial Institution City and State

Financial Institution Account Number

Financial Institution Routing/Transit Number (ABA)

Signature of Authorized Signer

PLEASE KEEP A COPY OF THE AUTHORIZATION FORM FOR YOUR RECORDS

Staple Voided Check Here