



Municipality of West Milton
701 S. Miami St.
West Milton, OH 45383
(937) 698-1500, Ext. 108

Auto Pay Authorization Form

Date Received: _____

Start Date (if validated): _____

CUSTOMER INFORMATION:

Utility Account #: _____

Name: _____

Service Address: _____

Phone #: _____

BANK INFORMATION:

Bank Name: _____

Checking Account #: _____

Routing/Transit #: _____

I hereby authorize the Municipality of West Milton to debit my utility account balance from my checking account on a monthly basis. This debit will occur on or around the 10th of every month. I will receive a copy of each utility bill prior to the withdrawal. I can cancel this auto bill pay at any time by providing a written request at least 3 business days prior to when the debit will be made. I agree to notify the Municipality of West Milton in writing of any bank account and/or routing # changes if they occur. If a payment is returned, I understand there is a \$30 fee charged and that I may become ineligible for this service. I understand the first payment will occur after my bank account information has been validated. There is no charge from the Municipality of West Milton for this auto pay service, and I do not hold the Municipality of West Milton responsible for any charges my bank may assess for these transactions.

Signature: _____

Date: _____

Voided check or bank form **MUST** be attached: