

Town of Black Wolf Sanitary District No 1

Direct Payment Form

We are pleased to be able to offer you a new convenient payment option-Direct Payment. Now you can have your payment automatically withdrawn from your checking or savings account.

Direct Payment Authorization Form

This authorization form gives Town of Black Wolf Sanitary District No 1 and your financial institution authority to withdraw payments from your account. Simply complete the form in order to take advantage of Direct Debit.

All you need to do is:

1. Mark the box before the type of account to indicate whether your payment will be withdrawn from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Complete the transit routing number and account number information and attach a voided check for verification of all financial institution information.

NOTE: Be sure to sign the form!

I hereby authorize Town of Black Wolf Sanitary District No 1 and the financial institution listed below to initiate electronic withdrawal entries, and if necessary, deposit entries and adjustments for any withdrawal entries in error to my:

☐ checking account

☐ savings account

I understand that this authorization remains in effect until Town of Black Wolf Sanitary District No 1 receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford Town of Black Wolf Sanitary District No 1 and my financial institution a reasonable time to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Date

Name (Please Print)

Financial Institution Name (Please Print)

Financial Institution City and State

Account Number at Financial Institution

Financial Institution Routing/Transit Number (ABA)

Signature

Staple Voided Check Here

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS