

**The Village of Waynesville Utility Department
Authorization Agreement for Automatic Payment via ACH**

Customer Information

Your Name _____

As it appears on your bank account if different

Address _____ City _____

State _____ Zip _____ Phone _____

Service Address _____

(If different)

Utility Account # _____

(Located on your utility bill)

Financial Institution Information

Financial Institution's Name _____

ABA Routing # _____ Account # _____

Address _____ State _____ Zip _____

Phone# _____ Account Type _____ Checking _____ Savings _____

Date of first ACH payment _____

*** Please enclose a copy of a voided check or deposit ticket**

Authorization

I hereby authorize The Village of Waynesville to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until written notice from me has been received by The Village of Waynesville in such manner as to afford reasonable time to act on it.

Date _____ Signature _____