

City of Darlington Municipal Water & Sewer Department

AUTOMATIC PAYMENT AUTHORIZATION (ACH)

The City of Darlington Municipal Water & Sewer Department is offering the opportunity to have your water & sewer payment automatically withdrawn from your bank account. The billing process will remain the same, with due dates being January 20th, April 20th, July 20th, October 20th. You will be sent a utility bill the same as you are now, so you will know how much your bill will be. But if you enroll in the Automatic Payment Authorization, it will state "Do Not Pay" or "Auto Pay" on the bill.

If you choose to enroll, the City of Darlington will need this paperwork back prior to the 10th of the month, to have time to get the information submitted to the bank.

If you prefer not to enroll, you will continue to pay your bills as you do now.

Customer Name: _____

Address: _____

City, State Zip: _____

Utility Account Number: _____

Please initial next to the type of automatic payment (ACH) method you prefer:

_____ **SINGLE TRANSACTION:** the TOTAL AMOUNT DUE will be withdrawn from your account (5) five days before each due date (withdrawn January 15th, April 15th, July 15th, October 15th)

_____ **FIXED AMOUNT / MONTHLY TRANSACTION:** the same amount will be withdrawn from your account on the 15th of every month. Any remaining unpaid balance by the due date will need to be paid via check, cash or credit card. [Example: you set up \$100 monthly payments, but the quarterly bill is \$375.00. You will have to pay the remaining \$75.00 by hand by the due date]

AMOUNT TO WITHDRAW MONTHLY: \$ _____

I hereby authorize the City of Darlington to deduct my utility payments from my deposit account currently held at:

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

**** PLEASE ATTACHED A VOIDED CHECK ****

Account #: _____ Routing (ABA) #: _____

Type of Account (check one): _____ Checking _____ Savings

I understand if there are insufficient funds in the account to meet the required utility payment, the payment may not be paid. I understand the City of Darlington Municipal Water & Sewer Department will charge \$25.00 per NSF payment. This authorization will remain in effect until I provide written notice of termination to the City of Darlington no later than 10 days before the withdrawal date. I further understand if the 15th falls on a weekend or holiday, the payment will be changed the following business day. I certify I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form. ***The City of Darlington Municipal Water & Sewer Department has the right to cancel this agreement for insufficient payments to my account, and also has the right to disconnect per Public Service Commission rules for insufficient funds and non-payment.***

Customer Signature

Date

Please return this authorization form to: Darlington Municipal Water & Sewer Dept, PO Box 207, Darlington, WI 53530