Village of Chatham Utility Department

AUTHORIZATION FORM FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize the Village of Chatham to automatically deduct the amount of my utility bill from my checking or savings account (as listed below). This deduction will occur on the second Tuesday of each month. If the due date falls on a legal holiday or weekend, the payment will be deducted on the next business day. Automatic payment will begin with the next bill issued after this form has been provided.

I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. If insufficient funds are available for this payment, I understand that a fee of \$25.00 will be applied to my account.

I understand that this authorization will remain in effect until I provide the Village of Chatham Utility Department with written notification from me to terminate this agreement. The automatic deduction will cease after written notice is received and a reasonable time to act on the termination is given.

Name on Account:				
Utility Account #:				_
Service Address:				_
Phone Number:				_
Financial Institution Name:				_
Financial Institution City & S	itate:			_
Account Type: (check one)	☐ Checking Account	or	☐ Savings Account	
ABA Routing #:	Account #:			
Please Attach a Voided Check				
Signature:		Date:		