



Authorization Agreement for Direct Payment of Town of Munster Water Utility Bill

I (We) hereby authorize the Town of Munster Water Department, hereinafter called TOWN, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called BANK, to debit same to such account. I (We) will have funds available to make this payment on the 20th of each month. I understand that if the bank returns the payment, there will be fees assessed as allowed by Indiana Law.

YOUR WATER ACCOUNT BALANCE WILL BE PAID ON THE DUE DATE EVERY MONTH.

If you receive email notifications, you will receive two each month, even after signing up for ACH.

Name of Bank _____

City _____ Type checking savings

Routing # _____ Acct # _____

This authority is to remain in full force and effect until TOWN and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford TOWN and BANK a reasonable opportunity to act on it (at least 7 days).

The name(s) appearing on the water account should also be on the bank account.

Printed Name(s) _____

Signature(s) _____ **DATE:** _____

Service Address _____ **Best daytime phone:** _____

Email address _____ **Alternate phone:** _____

Please return this form with your water utility bill payment or bring it to the Clerk-Treasurer's Office.

Office Use Only:

Account # _____ Input date/initials _____
Prenote _____ Verified to pull _____ Month to Start _____

YOU MAY NEED TO PAY ONE ADDITIONAL BILL MANUALLY TO ALLOW TIME FOR THE ACCOUNT NUMBERS TO BE VERIFIED BY THE BANKS

Please include a copy of a voided check