Montgomery Water Department

PO Box 422 Montgomery Center, VT. 05471 (802) 326-4719

ACH Authorization Agreement

Property Owner:	
Mailing Address: City/State/Zip:	Email Address: Water Account Number:
•	water Account Number.
Physical Address of Property: This form MUST be returned to our office three weeks prior to the due date / withdrawal date. NOTE: Your account MUST be current to enroll in this service.	
amount due on the dates stated above. If the date falls day. If the funds are not available in the account on the Montgomery Water Department reserves the right to re processed due to insufficient funds AND will require a maintain services.	coartment to initiate ACH debits from my account below for the full on a holiday or weekend, the transaction will occur on the next business e day of the transaction, a \$25 return check fee will be assessed. The woke this service from my account in the event that payments are not substitute payment in the form of cash, bank check or money order to ct until a written notice is received from me to terminate this agreement
	agreement. I assume full responsibility to contact the Montgomery
Attach a voided check wi	ith bank routing and account numbers
IN THIS SPACE	
	cilitate this request. ips are NOT acceptable)
Bank / Credit Union Name:	Routing Number:
Account Number:	Type (circle one): Checking / Savings
Bank / Credit Union Address:	
City	State Zip Code
Signed:	Date:
~~~ Do not write be	low this line. Office Use Only ~~~

Received By:

Date: _____

Entered: