AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize **the Town of Gibraltar** to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law. (Please attach a voided check or deposit ticket).

Bank Name: _____

Bank Address:_____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type**: ___Checking ___Savings

I agree that my bank account will be debited between the **1st and 15th** of the months of March and September*. This authorization is to remain in effect until the Town of Gibraltar has received written notification from me of its termination in such time and in such manner as to afford **The Town of Gibraltar** and resident's bank a reasonable opportunity to act on it.

*Traffic utility billing is billed biannually, and payments are due in March and September of each year.

Please initial what type of direct payment customer is initiating:

_____ Direct Payment (Single Transaction on or before due date)

_____ Fixed Amount/Direct Payment – (Monthly transaction) - This amount will be taken from account **no matter what the balance is**. Amount_____

Name (s) Printed: _____

Signed: _____

Date: _____**Utility Account Number:** _____

Property Address: _____

Phone Number: _____

Please mail completed form to Town of Gibraltar PO Box 850 Fish Creek, WI 54212, or email to treasurer@gibraltarwi.gov