



Village of Fall Creek

122 E Lincoln Ave, PO Box 156, Fall Creek, WI 54742

Phone: (715) 877-2177 Fax: (715) 877-2392 Email: village@fallcreekwi.gov

Thank you for your interest in Direct Pay.

- ✓ Complete this form and return it to the Clerk's Office.
- ✓ Include a voided check or deposit slip to verify your bank routing number and account number.
- ✓ Indicate the date you want this option to take effect.

Please note:

- You will continue to receive a copy of the utility bill. It will include this memo:
"This amount will be deducted on the due date per your automatic payment agreement."
- On the 20th of each month the amount due will be taken from the account indicated.
- If the 20th falls on a weekend, it will be withdrawn on the next business day.
- Failure to have sufficient funds in the account will result in termination of this option.
- Contact the office if the account information changes, or you want to discontinue the Direct Pay option.

AUTHORIZATION AGREEMENT FOR DIRECT PAY (ACH DEBITS)

Name _____

Service Address _____ Phone _____

Utility Account Number _____ Today's Date _____

Email Address _____

I understand this authorization is to remain in full force and effect until the Village of Fall Creek receives WRITTEN notification from me of its termination.

I authorize the Village of Fall Creek to charge my checking or savings account monthly for any accrued balance on my account listed above.

Signature _____

Name of Financial Institution _____

Address of Financial Institution _____

Direct Payment Amount: Outstanding Balance Fixed Amount \$ _____

Account Type: Checking Savings

Routing Number _____ Account Number _____

I want the first Direct Payment to begin on the 20th of _____

Office Use: Pelorus Updated Memo will appear on _____ bill.