

Village of Waldo

810 W 2nd Street, PO Box 202, Waldo, WI 53093

Water/Sewer Utility: PO Box 6, Waldo, WI 53093

Phone: (920) 528-8121 Website: www.villageofwaldo.com

Direct Payment (ACH) Authorization Form

Would you like your monthly utility bill paid automatically? With Direct Payment, your selected payment amount will be deducted from your bank account on the 10th of each month, or the next business day if the 10th falls on a weekend or holiday. You will still receive your utility bill around the 20th of each month, so you know the amount due in advance.

Customer Information

Name(s) on Utility Account: _____

Utility Account Number: _____

Service Address: _____

Phone Number: _____ Email (optional): _____

Bank Information

(Please attach a voided check or deposit slip)

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Routing Number (9 digits): _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

Payment Authorization Options

Please choose one of the following options for how your payment will be calculated each month:

☐ Pay full amount due on my monthly utility bill.

☐ Pay a fixed amount of \$_____ each month.

***Note:** If you select a fixed amount and your bill is higher than this amount, you are responsible for paying the remaining balance.

Authorization and Agreement

By signing below, I authorize the Village of Waldo, and the financial institution named above to initiate automatic withdrawals from my account on or after the 10th of each month for payment of my utility bill.

I understand:

- This authorization will remain in effect until I provide written notice of cancellation.
- It is my responsibility to ensure sufficient funds are available in my account on the payment date.
- I will continue to receive a copy of my utility bill each month.
- Any changes to my bank or payment information must be submitted at least 15 days prior to the next scheduled payment date.

Signature: _____ Date: _____

Signature (if joint account): _____ Date: _____

Return the completed form with a voided check to:

Village of Waldo Utility Department

810 W Second Street | PO Box 6 | Waldo, WI 53093

Phone: (920) 528-8121 | Email: clerk@villageofwaldo.wi.gov

For Office Use Only

Received Date: _____

Date Effective: _____

Date Cancelled (if applicable): _____