



Authorization for ACH Debit

PLEASE NOTE: You will still receive your utility billing as usual, however the bill will have the notation of "PAP Do Not Pay" printed on it.

Check One: Begin Payment Change Information

I (we) authorize Watertown Municipal Utilities to electronically debit my (our) account:

(Select One) Checking Account Savings Account

and, if necessary, to electronically credit my (our) account to correct erroneous debits as described below at the Financial Institution named below. I (we) agree to have available funds in my (our) account on the designated date to affect this transfer.

I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of United States law and I (we) agree to be bound by the Nacha Operating Rules and Guidelines.

To ensure ACH is set up accurately, return this form with a voided check by the 15th of the month to start withdrawal the following month.

Financial Institution Information	
Financial Institution Name:	_____
Name(s) On the Account:	_____
Routing Number:	_____ Account Number: _____
Type of Account:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Utility Account Information	
Name on Utility Account:	_____
Daytime Phone Number:	_____
Utility Account Number(s):	_____
(List all if more than one account)	

Debit transaction frequency:

My account will be charged the amount due on my utility bill on the 10th of each month. If the 10th of the month falls on a weekend or recognized holiday, my account will be charged on the next regular business day. I (we) understand these are recurring entries (entries that recur at substantially regular intervals, without further affirmative action by me).

I (we) understand that this authorization will remain in full force and effect until I (we) notify Watertown Municipal Utilities in writing at the address below that I (we) wish to revoke this authorization. I (we) understand that Watertown Municipal Utilities requires prior notice by the last working day of the month to cancel this authorization for the following month.

Name(s): _____
(Please Print)

Signature(s): _____ Date: _____

To Submit: Mail or drop off form at the address listed below.

Office Use Only

Start Date to begin ACH _____ Cycle _____ Initials _____