

Town of Middlebury
Authorization Agreement for
Automatic (ACH) Credits

Please complete the attached payment authorization, enclose a voided check for verification of bank account information and return it to:

Middlebury Water/Wastewater
P.O. Box 812
Middlebury, IN 46540
info@middleburyin.com

Name on Account: _____ Water Account # _____

Address: _____ Cust Phone _____

City, State, Zip: _____

Bank/Financial Institution Name: _____

Checking Savings

Transit/ABA Number: _____

Account Number: _____

Description: Water/Wastewater Bill

By: _____ Date: _____
(Signature)

Daytime Phone Number _____

By: _____ Date _____
(Town representative)

Termination Date: _____

By _____ Date _____

Signature

By _____ Date _____
Town representative

By signing above I hereby authorize Town of Middlebury Water/Wastewater Department to charge my checking/savings account for payment of my utility bill. This bill will be paid between the 8th and 10th of each month. This authority is to remain in effect unless revoked by either the Water Department or my financial institution. I understand that I may cancel this arrangement at any time by giving notice in writing to the Middlebury Water/Wastewater Department. Any questions can be directed to the Middlebury Water/Wastewater Department at 574/ 825-1499.