



# Village of Burton

## Automatic Recurring Bank Draft Authorization Form

**We now have ACH bank drafts available. This authorization form is for any and all service locations associated with your account number. If you have multiple account numbers, you must fill out a form for each account number.**

Account Number (as shown on your bill): \_\_\_\_\_

Name (as shown on your bill): \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ACH Draft

Yes, I agree to have my payment automatically withdrawn from my bank account and have read the terms and conditions. Amount of monthly payment: \$\_\_\_\_\_/month or have the FULL amount withdrawn on the 21<sup>st</sup> of every month.

Update information

Cancel ACH draft

Name(s) on the account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings – You must include a voided check (starter checks are not accepted). If you wish funds to be deducted from your savings account, provide a bank document showing your name, routing number, and savings account number.

### Terms and Conditions:

I authorize the Village of Burton to deduct payment(s) automatically from the account number specified, for charges incurred at the service address(es) associated with my account. I understand payments will be deducted on the due date of my bill(s), and the at each service address bill payment will show on my bank statement as a separate draft. I also understand that I will be subject to the current return check fee, and that penalty charges will be assessed if insufficient funds are available at the time of the electronic funds transfer. I further understand that I have the right to receive notice of the amount of each payment deduction, and that each bill I receive from the Village of Burton will constitute such notice. Should I wish to cancel my authorization, change or close my bank account, it is my responsibility to contact the Village of Burton in writing at least 10 business days prior to my next bill due date. I understand that if corrections to my account are necessary, they will be reflected on my next monthly bill. I understand that this authorization is non-negotiable and non-transferrable. I also understand and agree that the Village of Burton reserves the right to terminate this draft and/or my participation in it.

**I have read and agree to the above authorization agreement.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail or bring completed application to:  
Village of Burton  
PO Box 408  
Burton, OH 44021

Or scan and email to: [1villageofburton@sbcglobal.net](mailto:1villageofburton@sbcglobal.net) The Village of Burton is an equal opportunity provider.