

The Village of Siren has the **option** of having your utility payment automatically deducted from either a checking or savings account. This can save you money on checks and postage and assures that your bill will be paid on time. Whether you're at home or on vacation, you never have to worry about getting your payments in on time, we do it for you.

Payments are withdrawn on the 20th of each month unless you notify the Village prior to the 15th of each month. If the 20th of the month falls on a Saturday, Sunday, or legal holiday your payment will be withdrawn the next business day. If you have questions about this service, please give us a call at (715) 349-2273. You will continue to receive your monthly bill.

You can also sign up to have your monthly bill emailed to you rather than mailed. Please include your email address on the form if you would like to receive your monthly bill via email.

Simply cut along the dotted line and return it to the utility office along with a voided check to sign up for this service.

Consumer Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. Check one: Begin Payment Change Information

I (we) authorize _____ VILLAGE OF SIREN to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Checking Account / Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository name: _____

Routing number: _____ Account number: _____

Name(s) on the account: _____

Debit transaction frequency:

- Single Entry (one-time payment)
- Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Authorized debit amount (or method for determining amount): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify VILLAGE OF SIREN in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that the Village requires at least 5 days prior notification to cancel this authorization.

Name(s): _____

Village of Siren Account #: _____

Date: _____ Signature(s): _____

Email address: _____