VILLAGE OF JOHNSON CREEK
125 Depot Street
P.O. Box 238
Johnson Creek, WI 53038
Phone: (920) 699-2296
Fax: (920) 699-2292
www.johnsoncreek-wi.us

UTILITY BILLING BANK DRAFT (ACH) APPLICATION

To begin ACH payments, submit application to Village Hall (address above) at least two weeks prior to the due date of the bill for which you would like ACH withdrawal to begin.

☐ **NEW REQUEST** ☐ **CHANGE ACCOUNT** **START DATE:** _____

CUSTOMER INFORMATION:

Name:	Street Address:
Phone Number:	City/State/Zip:

FINANCIAL INSTITUTION:

Financial Institution Name:	Street Address:
Phone Number:	City/State/Zip:

ACCOUNT INFORMATION:

☐ **CHECKING** (Copy of voided check required) ☐ **MONEY MARKET** ☐ **SAVINGS**

Routing Number (First nine digits along bottom of check):	Account Number:
	☐ Personal : _____
	☐ Business : _____

I hereby understand and acknowledge the following statements:

The amount of my Johnson Creek Water and Sewer Utilities bill will vary per billing period based on actual usage and rates. I will continue to receive billing statements reflecting the amount to be withdrawn from the account listed above. Payments will be withdrawn on the due date listed on the monthly bill. If a due date falls on a weekend or bank holiday, the withdrawal will occur on the next business day.

Johnson Creek Utilities has the right to cancel this agreement and charge a non-sufficient funds fee of $40.00 if the account listed above does not contain sufficient funds for a scheduled payment.

I authorize (Village of) Johnson Creek Utilities to initiate entries to my account at the financial institution listed above and authorize the financial institution to debit my account for the described entries. I acknowledge that origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization will remain in full force and effect until Johnson Creek Utilities has received written termination of this authorization at least two weeks prior to the next scheduled payment.

SIGNATURE: _____ **DATE:** _____

Office Use:
Date Received: Date Entered in Utility Billing: Processed By: