Village of Webberville Authorization Agreement for Pre-Authorized Utility Bill Payment

☐ YES

I (we) authorize the Village of Webberville to initiate withdrawals from my (our) account for the amount of my (our) monthly utility bill payment. I (we) understand my (our) automatic payment will be deducted from my (our) checking account at the financial institution below and further authorize them to do so.	
Individual or Business Name	
Address	
Phone	
financial institution has recei-	effect until the Village of Webberville and the named ved written notification from me (us) of its termination and and bank has reasonable opportunity to act on it.
Financial Institution Name	
Routing Number	Checking Account Number
Printed Name (s)	
Signature	Date
<u> </u>	
Signature	Date
	Village of Webberville 115 S. Main St. P.O. Box 389 Webberville, MI 48892 Phone: (517) 521-3984
1	Fax: (517) 521-3165
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