## AUTOMATIC CLEARING HOUSE (ACH) AUTHORIZATION AGREEMENT

I hereby authorize and request the Village of Cleveland to receive payments of amounts owed by me for Village water and sewer charges by initiating on the due date debit entries to my account at the Banking Institution indicated below.

I hereby authorize and request the Banking Institution indicated below to accept debit entries initiated by the Village of Cleveland and to debit the same to my account without liability for the correctness of the entries.

Account Informa	tion	
Utility Acct Number:		
Customer Name:		
Service Address		
Street:		, Cleveland WI 53015
<b>Customer Contac</b>	t Information	
Mailing Address:		
City/State/Zip:		
Phone Number:		
Cleveland in written for receipt of the written no	rm at least (5) business days before tice by the Village Clerk. Drop of ington Avenue, Cleveland, WI 530	rticipation at any time by notifying the Village of ore the due date. Notification shall be effective upon off or send notifications to the Village Clerk's 015.
Date:		
Please circle the type of	faccount you are using:	
	Checking Account *	Savings Account
Banking Institution:		
Bank Routing Number:		
Bank Account Number:	:	

Return this completed form to the Village Clerk's Office. Automatic deductions will begin on the due date of the first regular monthly bill generated AFTER the form is filed.

\* Write 'VOID' on an original check and attach it to this form.