



# VILLAGE OF GRANTSBURG

316 S. Brad Street  
Grantsburg, WI 54840  
715-463-2405  
FAX 715-463-5555

## 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 the Village of Grantsburg (Village) to electronically debit my/(our) account and, if necessary, to electronically credit my/(our) account to correct erroneous debits as follows:

**CHECK ONE:**                     Checking Account                     Savings Account

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

**DEPOSITORY NAME:** \_\_\_\_\_

**NAME(S) ON THE ACCOUNT:** \_\_\_\_\_

**ROUTING #:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

**DEBIT TRANSACTION FREQUENCY:**

- SINGLE ENTRY** (one-time payment)
- RECURRING ENTRIES** (entries that recur at regular intervals, without further affirmative action by the Receiver)

**DATE OF DEBIT (if single entry) OR DATE OF FIRST DEBIT:** \_\_\_\_\_

**FREQUENCY OF DEBITS:** \_\_\_\_\_

**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 the Village either in writing, by phone, or email that I/(we) wish to revoke this authorization. I/(we) understand that the Village requires at least 3 days prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_ W/S ACCOUNT #: \_\_\_\_\_  
(Please Print)

Signature(s): \_\_\_\_\_

**For Office Use Only**

DATE RECEIVED: \_\_\_\_\_ ENTERED INTO WORKHORSE: \_\_\_\_\_