Village of Elmwood

Auto Withdrawal Agreement Form

Authorization Agreement

I hereby grant permission to the VILLAGE OF ELMWOOD to automatically withdraw payments from my account at the specified financial institution. The withdrawal will occur on the 10th of each month, unless the 10th falls on a weekend, in which case the withdrawal will be processed on the following business day. Additionally, I acknowledge that any delays or loss of funds resulting from inaccurate or incomplete information provided by either myself or my financial institution or arising from any error made by my financial institution during the withdrawal process, will not be the responsibility of the VILLAGE OF ELMWOOD.

This authorization will remain valid until a written notice of cancellation is received by the VILLAGE OF ELMWOOD from either myself or my financial institution, or until I submit a new withdrawal agreement form to the Clerk.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Clerk.

Property Owner's Utility Number: 000-_____-00