

**Direct Payment Authorization Form**

**Village of Rosholt**

**Please complete the information below and return to the Village Office.**

I/We (name(s)) \_\_\_\_\_ / \_\_\_\_\_

authorize **Village of Rosholt** to initiate electronic debit entries to my:

checking account \_\_\_\_\_ (or) savings account \_\_\_\_\_

for a quarterly payment in January, April, July and October.

Date of Payment: 5<sup>th</sup> day \_\_\_\_\_ 20<sup>th</sup> day \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

**(If possible, please attach a VOIDED check)**

I understand that if funds are not available in my account, the transaction will be processed as non-sufficient funds and all applicable fees will be added to my next sewer bill.  
I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **This authority will remain in effect until I have cancelled it in writing.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Cancellation:**

I authorize cancellation of the auto deduct quarterly sewer payment.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_