

**VILLAGE OF BLUFFTON DIRECT UTILITY PAYMENT AUTHORIZATION FORM**

I (we) hereby authorize the Village of Bluffton to initiate entries from my checking account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the Village of Bluffton is notified by me (us) in writing to cancel it in such time as to afford the Village of Bluffton and the financial institution a reasonable opportunity to act on it. I (we) understand that the monthly account balance will be deducted from the listed financial institution by the 10<sup>th</sup> of each month. If the 10<sup>th</sup> of the month falls on a weekend or a holiday, the payment will be deducted from your chosen financial institution on the final business day prior to the due date.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Utility Account Number

\_\_\_\_\_  
Name, Address, and Phone Number of Financial Institution

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Financial Institution Routing Number (Please attach a copy of a voided check or deposit slip)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TERMINATION OF AGREEMENT**

I (we) hereby terminate this authorization effective \_\_\_\_\_.

\_\_\_\_\_  
Name- Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date