MILTON
VERMONT

TOWN OF MILTON
P. O. Box 18
43 Bombardier Rd
MILTON, VT 05468
(802) 893-4111

www.miltonvt.gov

DIRECT DEBIT AUTHORIZATION AGREEMENT

UTILITY ACCOUNT ACH DEBIT

NAME: _____

UTILITY ACCOUNT NUMBER(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____EMAIL COPY OF BILL ☐ PHONE: _____

NAME ON FINANCIAL ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING/ABA NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING ☐ SAVINGS ☐

PLEASE ATTACH A VOIDED CHECK

I hereby authorize the Town of Milton to initiate the automatic payment of the amount due on my utility bill by debiting the account indicated above. I acknowledge that payment will be debited on the due date stated on the utility bill. I acknowledge that I have signature authority on the above listed bank account and agree that sufficient funds will be available in said account on the due dates to permit payment of the utility bill. I acknowledge that any returned payment will incur a returned payment fee, my account will go into arrears for the full amount of the returned payment in addition to the fee and the Town of Milton will terminate this agreement. I acknowledge that any delinquent balance must be paid in full prior to reinstatement into Direct Debit payments. I attest that I do not currently have a delinquent utility balance.

If at any time I wish to discontinue this payment method, I will notify the Town of Milton by submitting the Direct Debit Termination Request at least 15 days prior to the utility due date. I acknowledge that any change in financial institution or account must be submitted using the Utility Billing Direct Debit Account Update Request form at least 15 days prior to the utility due date.

My signature below acknowledges my willing entry into this agreement, which will comply with the provisions of U.S. law, and will remain in effect until my Direct Debit Termination Request form is received and processed. I have verified all utility account(s) are included and banking information is correct. I acknowledge the Town of Milton is not liable for incorrect or missing account information provided on this form. If I am a tenant at the above location, I will notify the Town if/when I move from this location.

SIGNATURE: _____ DATE: _____

Please call (802) 893-4111 or email utility@miltonvt.gov with any questions

OFFICE USE:
Enrollment Received Date: _____
Enrollment Activation Date: _____
Enrollment Termination Date: _____