MILTON
VERMONT

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

www.miltonvt.gov

DIRECT DEBIT ACCOUNT UPDATE REQUEST

UTILITY ACCOUNT ACH DEBIT

NAME: _____

UTILITY ACCOUNT NUMBER(S): _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____EMAIL COPY OF BILL ☐ PHONE: _____

ENTER UPDATED ACCOUNT INFORMATION BELOW

NAME ON FINANCIAL ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING/AB NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING ☐ SAVINGS ☐

PLEASE ATTACH A VOIDED CHECK

I hereby authorize the Town of Milton to **UPDATE** the automatic payment of the amount due on my utility bill by debiting the **UPDATED** 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 the direct debit authorization agreement. I attest that I do not 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.

My signature below acknowledges my **REQUEST TO UPDATE** this agreement and my authority as the financial institution account holder to make this request, 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 acknowledge the Town of Milton is not liable for incorrect or missing account information provided on this form.

SIGNATURE: _____ DATE: _____

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

OFFICE USE:
Update Received Date: _____
Update Completion Date: _____
Enrollment Termination Date: _____