



Laurie D. Miller, Clerk/Treasurer  
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 1201 N Townline Road  
 LaGrange Indiana 46761  
 260-463-3241

**Direct Payment Authorization form: Variable Payments**

<p>We are pleased to offer you a new service – the Direct Payment plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.</p> <p><b>The Direct Payment Plan will help you in several ways:</b></p> <ul style="list-style-type: none"> <li>❖ It saves time-fewer checks to write and mail</li> <li>❖ Helps pay your bills in a convenient and timely manner, even if you are on vacation or out of town.</li> <li>❖ Your payment is always on time, helping you maintain good credit</li> <li>❖ It saves postage –many people spend close to \$100 per year on postage.</li> <li>❖ It's easy to sign up for and easy to cancel.</li> <li>❖ No late fees</li> </ul> <p>Here's how the Direct Payment Plan works:        You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax! Your payments will be made automatically on the specified day. And proof of payment will appear on both your bill as well as the statement you receive from you financial institution.</p>	<p>The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. You will still receive a copy of your bill clearly marked <b>"**AUTOPAY DO NOT PAY**"</b>. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization section of this form (see below) and return it to us.</p> <p>All you need to do is:</p> <ul style="list-style-type: none"> <li>❖ Mark the box before "type of account" to indicate whether your payment will be deducted from your checking or savings account.</li> <li>❖ Fill in your name, financial institution name and location, and date</li> <li>❖ Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.</li> </ul> <p>❖ <b>BE SURE TO SIGN THE FORM!</b></p>
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**PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH A CANCELED OR VOIDED CHECK!**

I authorize LaGrange Water & Wastewater to initiate electronic debit entries to my:

\_\_\_\_\_ checking account - Include a voided check for checking accounts, deposit slips will NOT be accepted (or)

\_\_\_\_\_ savings account - Include a deposit slip. For the payment of my Water & Sewer Bill.

Payments will be processed on the business day before bills are due each month. Bills are always due on the 10<sup>th</sup>.

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 \_\_\_\_\_ Printed Name \_\_\_\_\_

Service Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

Office use only:

Authorization form received on: \_\_\_\_\_ by: \_\_\_\_\_

Account number

Entered into system on: \_\_\_\_\_ by: \_\_\_\_\_

# \_\_\_\_\_