



**ACH Payment Request Form**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Water Account# \_\_\_\_\_

**Bank Information**

Bank Name: \_\_\_\_\_

**Checking or Savings (Circle One)**

Bank ABA(Routing) Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

**\*Or Attach Voided Check/Deposit Slip\***

**This authority for ACH payment shall remain in full force and effect until Village of Payson receives written notification of your intent to terminate in such time and manner as to afford Village of Payson a reasonable opportunity to respond. Payments will be processed on the 20<sup>th</sup> of the month. If the 20<sup>th</sup> falls on a holiday/weekend payment will be processed on the next business day.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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