Madison Village Utilities

Automated/Electronic Payment Withdrawal Form

CUSTOMER INFORMATION

Utility Account #_____

Name _____

Phone #_____

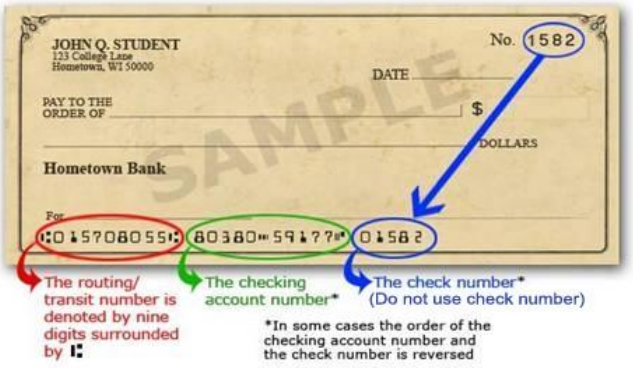
Service Address_____

Mailing Address (if different from above):

_____

_____

BANK INFORMATION



Bank Name_____

Bank Phone #_____

Bank Address_____

Your Routing #_____

Your Account # _____

This is a:

☐ Checking ☐ Savings

A *VOIDED* check must accompany this form.

By signing below, I authorize my bank to electronically transfer funds from the account designated above to pay my utility bill to Madison Village. I understand that this transfer will occur on a monthly basis, and will pay the total balance due on my monthly statement. This electronic transfer will continue monthly until I provide the Madison Village Utility department with a notice to discontinue the automatic payment.

X_____ _____

Signature Date