VILLAGE OF JOHNSON CREEK 125 Depot Street

P.O. Box 238

Johnson Creek, WI 53038 Phone: (920) 699-2296

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UTILITY BILLING BANK DRAFT (ACH) APPLICATION

To begin ACH payments, submit application to Village Hall (at address above) at least two weeks prior to the due date of the bill for which you would like ACH withdrawal to begin.

NEW REQUEST CHANGE ACCOUNT START DATE:	
CUSTOMER INFORMATION:	
Name:	Street Address:
Phone Number:	City/State/Zip:
FINANCIAL INSTITUTION:	
Financial Institution Name:	Street Address:
Phone Number:	City/State/Zip:
ACCOUNT INFORMATION:	
CHECKING (Copy of voided check required)	SAVINGS
Routing Number (First nine digits along bottom of check):	Account Number:
	Personal : Business :
es. I will continue to receive billing statements rea	er Utilities bill will vary per billing period based on actual usage an eflecting the amount to be withdrawn from the account listed te listed on the monthly bill. If a due date falls on a weekend or
-	agreement and charge a non-sufficient funds fee of \$40.00 if the
	itiate entries to my account at the financial institution listed above ecount for the described entries. I acknowledge that origination of the provisions of U.S. law.
s authorization will remain in full force and effect authorization at least two weeks prior to the nex	t until Johnson Creek Utilities has received written termination of xt scheduled payment.
NATURE:	DATE:
ice Use: Received: Date Entered in	n Utility Billing: Processed By: