



### Authorization for Bank Drafting

The application below provides Westfield Public Works with the information required so that Westfield Public Works Department (WPWD) may automatically debit your checking account for your monthly utility bill. Once your application has been processed, you can be assured all future payments will be automatically debited from your checking account and automatically credited to your utility account on the due date shown on your monthly invoices. (Requests to discontinue auto-pay must be made in writing.) You will still receive a monthly statement from the WPWD showing the service address, billing service dates, meter readings, water consumption and the amount owed. Your application will be processed as quickly as possible but due to cycle billing may not be effective with the next billing. You will know that your application has been processed and set up for auto pay when your billing statement shows a message stating "Auto Debit" confirming your account will be debited and your payment credited and the date on which the transfer will occur. When you receive your next bill if this message is **not displayed your account will not be automatically debited/credited**. In this event, please contact our office to verify that your application has been received.

#### AUTHORIZATION AGREEMENT AUTOMATIC WITHDRAWAL (ACH DEBITS)

I (we) hereby authorize **WESTFIELD PUBLIC WORKS**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

**\*PLEASE ATTACH A  
 VOIDED CHECK**

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

\_\_\_\_\_  
 Address City/State Zip Code

\_\_\_\_\_  
 Bank Routing Number Bank Account Number

Daytime Telephone Number: \_\_\_\_\_

**Service Address:** \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
 Printed Name of Account Owner

\_\_\_\_\_  
 Printed Name of Joint Account Owner

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY:**

Account # \_\_\_\_\_ Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_