106 15TH AVE N
PO BOX 130
BANGOR, WI 54614
Phone (608) 486-2151

ACH PAYMENT FORM

☐ **Checking Account** ☐ **Savings Account**

Please print all of the following information:

Name (as it appears on utility bill) _____ Utility Acct No. _____

Customer Phone Number _____

Name of Financial Institution _____ Routing Number _____ Account Number _____

Name of Account Holder (if different from above) _____

* Payments will be withdrawn and applied to utility account on the 20th of each month. If the 20th falls on a weekend or holiday, withdrawal will take place on the next business day

* Any changes that need to be made to your ACH payment must be communicated to the office prior to the 15th of the month, or it will not take affect until the next month. A change in bank or account number need to have a new form filled out.

* Please attach a voided check and return to: Bangor Municipal Utility.
Form and check copy can also be emailed to: mjustinger@villageofbangorwi.gov

* If the payment is returned or rejected for any reason BMU will impose a $25 return fee on your account.

I hereby authorize BMU to initiate payment from my account at the institution named on the enclosed voided check, and I authorize that the institution debit my account for that payment. This authorization will remain in effect until I terminate it by the 15th of any given month. I am fully responsible for having funds available in my bank account for the withdrawal. BMU has the right to cancel this agreement at any time providing timely notification.
By signing this form, you are agreeing to these terms.

Authorized Signature _____ (date)