



Town of Winfield
10645 Randolph Street
Winfield, IN 46307

PRE-AUTHORIZED PAYMENT AGREEMENT

BUSINESS NAME: Town of Winfield

****AUTO DEBIT** OUT OF CHECKING ACCOUNT****

FINANCIAL INSTITUTION INFORMATION

I (we) hereby authorize The TOWN OF WINFIELD, hereinafter called BUSINESS, to initiate debit entries and if necessary, credit entries or adjustments to my (our) checking account indicated below, located at the Financial Institution named listed below, hereinafter called FINANCIAL INSTITUTION, and to debit same to such account shown below.

_____		_____	
(Financial Institution Name)		(Branch)	
_____		_____	
(Address)	(City-State)	(Zip)	
_____		_____	
(Routing/Transit Number)		(Checking Account Number)	

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

_____		_____	
(Print individual name)		(Print individual name)	
_____		_____	
(Signature)		(Signature)	
_____		_____	
(Date)	(Phone Number)		

PLEASE ATTACH A VOIDED CHECK OR COPY OF A VOIDED CHECK TO THIS FORM

_____		_____	
(Billing Account Name)		(Customer Street Address)	

(Billing Account Number)			

Applications received before the last day of the month will be automatically deducted starting on the next billing cycle and thereafter. The billing stub will indicated the amount deducted and the words **AUTO WITHDRAWAL - DO NOT PAY** will appear.

If you have any questions please email: billquestions@winfield.in.gov

NOTE: Any non-sufficient funds accounts will be removed from the pre-authorized payment program by the Business.

Office Use Only:
Date Received: _____ **by:** _____ **Date Posted:** _____