

No More Checks!! Easy Pay with Direct Debit
Enrollment Form

#1 Complete the contact information requested below (please print)

Name _____
Service Address _____
City _____ State _____ Zip _____
Daytime Phone () _____
Email Address _____

#2 Provide your signature for authorization:

I authorize the Village of Stockbridge to deduct my payment(s) from the checking or savings account listed below. I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the Village of Stockbridge. I also understand that all information provided will remain confidential.

Please sign!

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature _____ **Date** _____

#3 Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.

Name of Financial Institution _____
ABA/Routing Number _____
Checking account # _____ or Savings account # _____

#4 Provide your Village of Stockbridge account number (s):

