

Town of Culver
Electronic Transfer Authorization Form

Type of Authorization: **New Authorization** **Change** **Cancel**

There is a 15 cent charge per payment. If you bank with Teachers Credit Union, that fee is waived.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Utility Account Number: _____

Please deduct my utility payment from my (check one):

Checking Account (please attach a voided check)

Routing Number: _____ Account Number: _____

Savings Account (contact your financial institution for their routing number)

Routing Number: _____ Account Number: _____

Month of First Payment: ____/____/____

I (We) authorize the Town of Culver to instruct my (our) financial institution to make my (our) payments from the account listed below on the 10th of the month. This authority is to remain in full force until I (we) may stop payment of a charge up to three (3) business days before the payment date by notifying the Town of Culver. The Town of Culver will debit accounts on the 10th of the month. I understand that both the Town of Culver and my (our) financial institution reserve the right to terminate this payment plan or my (our) participation in it at any time.

Authorized Signature: _____

Date: ____/____/____