



AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize the Village of Grafton and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it. I must notify my financial institution by the 20th of the month to stop payment.

NAME OF FINANCIAL INSTITUTION

STREET ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP

NAME - PLEASE PRINT PHONE DAY EVENING

STREET ADDRESS CITY STATE ZIP

CHECKING ACCT. NO. _____

SAVINGS ACCT. NO. _____

FINANCIAL INSTITUTION ROUTING NO. _____

SIGNATURE

DATE

PLEASE RETURN THE WHITE COPY TO THE VILLAGE OF GRAFTON AT THE ADDRESS ABOVE WITH A VOIDED CHECK IF PAYING FROM YOUR CHECKING ACCOUNT OR A DEPOSIT SLIP IF PAYING FROM YOUR SAVINGS ACCOUNT.

YOU WILL BE NOTIFIED OF THE PAYMENT AMOUNT AT LEAST 10 DAYS BEFORE THE REGULARLY SCHEDULED PAYMENT DATE.