

# Recurring Payment Authorization Form

You will be charged the amount indicated below plus a convince fee. A receipt will be emailed to you if an email address is provided. You agree that no prior notification will be provided, unless a billing correction is being made.

### Convince Fees:

Visa, Master Card and Discover Card: \$0.01 - \$60.00 = \$2.00 / Over \$60.01 = 3.5%  
American Express: 3.5%  
ACH/eCheck: \$1.75

### Please complete the following information:

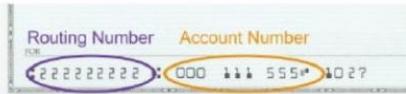
I \_\_\_\_\_ authorize the City of Wilton to charge my bank account or credit card indicated below for \$\_\_\_\_\_ (set monthly amount or billed amount) plus the convince fee, on the 15<sup>th</sup> of each month for payment of my City of Wilton Water Bill.

Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



The image shows a routing number '222222222' circled in purple and an account number '000 111 555\* 1027' circled in orange.

### Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV (3 digit number on back of card)	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Wilton in writing of any changes in my account information or termination of this authorization a least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transaction, these funds by be with drawn from my account as soon as the above noted date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand the City of Wilton may at its discretion attempt to process the charges again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of the ACH transaction to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions corresponds to the terms indicated in this authorization form.