

**Milford Water Department Direct Payment Enrollment Form**

**Complete the contact information requested below:**

Name (as shown on your bill) \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_

**Provide your signature for authorization:**

I authorize the Village of Milford to deduct 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 Milford. I also understand that all information provided will remain confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provide the required financial information below:**

Name of Financial Institution \_\_\_\_\_

ABA/routing number \_\_\_\_\_

Checking Acct # \_\_\_\_\_ or Savings Acct # \_\_\_\_\_

If you are unsure of your account information, please attach a voided check or contact your Financial Institution for assistance.

**Indicate the account(s) to be paid:**

Account # \_\_\_\_\_

Account # \_\_\_\_\_