

Town of Bath
271 Wilkes Street
Berkeley Springs, WV 25411
Phone: (304) 258-1102 Fax: (304) 258-2638
Email: townadmin@townofbathwv.gov

Preauthorized Payment Deduction Form

I authorize the Town of Bath and the Financial Institution named below to initiate entries to my Checking/Savings account(s). This authority will remain in effect until I notify the Town of Bath in *writing*, to cancel it in such time as to afford the Financial Institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the Town of Bath and my Financial Institution at least three (3) business days before my account is charged. I am aware that there is a \$25.00 fee associated with any payment attempt that is returned for *insignificant funds*. I am aware that after two (2) attempts of non-payment for *insignificant funds*, the Town of Bath can **terminate** this agreement. Funds should be available for payment on the 10th of the month following the amount billed, no exceptions.

Customer Name (Please Print)

Customer Mailing Address

Best Contact Phone Number

Customer SS #

Town of Bath Account #
(Please complete a separate form for each account)

Name of Financial Institution

Branch

City

State

Zip Code

Signature

Date

Bank Account #: _____

Checking

Savings

Routing #: _____

You must attach a **VOIDED CHECK** from the account from which you wish to use before we can start the process; or verification of bank accounting/routing numbers on your Financial Institutions letterhead.