



VILLAGE/TOWN OF MOUNT KISCO

WESTCHESTER COUNTY, NEW YORK

104 Main Street

Mount Kisco, New York 10549

Office of the
VILLAGE TREASURER

Telephone
(914) 241-0500

EZ PAY – AUTHORIZATION AGREEMENT

This completed and signed form serves as authorization for the Village/Town of Mount Kisco to debit my account for my Water/Sewer bill payment each quarter. I understand that this payment will be debited from my account on the 20th day of the billing due date which appears on my bill.

Account Information:

Water/Sewer Account No.: _____

Name: _____

Address: _____

Banking Information

Type of Account Checking Savings

Bank Name: _____

Bank Address: _____

Routing No.: _____
(Nine digit number, left hand corner of check)

Account No.: _____

I understand that the Village/Town of Mount Kisco will notify me in writing of the first effective date draft which will coincide with the bill due date. This notice will appear on my bill and state "Bank Draft – Do Not Remit". I will continue to send a check with my Water/Sewer bill stub until I am notified.

This draft will be in effect until I notify the Village/Town of Mount Kisco and my bank in writing that this service is no longer desired, following reasonable time to act on my notification and discontinue the withdrawals.

I understand that the Village/Town of Mount Kisco reserves the right to revoke this authorization with or without cause at any time, and that more than one occurrence of non-sufficient funds within a 12 month period may prompt immediate termination. A fee of \$20.00 for non-sufficient funds will be incurred.

Please attach a voided check for bank transit and account number verification. This authorization cannot be processed without sufficient bank information.

This authorization is non-negotiable nor transferable.

Phone No.

Customer Signature

Date