



**VILLAGE OF HYDE PARK**

PO Box 400  
Hyde Park, VT 05655  
P: (802) 888-2310  
F: (802) 888-6878

**ACH / DEBIT ORIGATION AUTHORIZATION FORM**

*Our preferred form of payment is by ACH. You may use this form to authorize the Village of Hyde Park to initiate automatic withdrawals from your bank account to pay your monthly utility bill.*

*Financial Institution: Union Bank*

*Company: Village of Hyde Park, Inc.*

I authorize the Village of Hyde Park, Inc. to initiate withdrawals from my account at the financial institution named in this application for payment of my Village of Hyde Park Electric Department monthly bills. This authorization will remain valid until I, Village of Hyde Park, or my financial institution revokes it.

All monthly bills will be mailed prior to the first of each month indicating the amount due. **The full amount due will be deducted on the 12<sup>th</sup> day of the corresponding month.** An automatic payment of a monthly bill can be suspended by notifying the Village of Hyde Park, at any time prior to 4:00P.M. three business days before the payment is scheduled to be deducted from your account. I understand that three or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Village of Hyde Park or my financial institution with respect to each other. I further understand that the Village of Hyde Park and my financial institution reserve the right to terminate the Direct Payment plan and /or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Village of Hyde Park.

**I understand that there is a \$ 15.00 charge for a returned transaction including but not limited to insufficient funds, non-existing account, closed account, etc.**

Authorization Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_ VOHP Electric Account #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please check appropriate box:      Checking Account       Savings Account

Please retain a copy of this authorization form for your records.

