

CONTACT AND PAYMENT AUTHORIZATION FORM

NEW **CHANGE** **CANCEL**

For ACH payments fill in all sections of form. For check payments, you may skip the Bank Information section, and also check the box below. For questions, please email Accounts Payable at acct@madsewer.org or call 608-222-1201, Extension 127.

Return form by email: acct@madsewer.org **or mail to:** 1610 Moorland Rd., Madison, WI 53713

I do not wish to have payments direct deposited via ACH.

PAYEE INFORMATION

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ A/R Contact Person _____
Email for remittance advice _____
Payment Terms _____

PRIOR BANK INFORMATION (leave blank if setting up ACH payments for the first time)

Prior Bank Name _____
Prior Bank Routing Number _____ (9 digits)
Prior Bank Account Number _____
Account Type _____ Checking _____ Savings

NEW BANK INFORMATION

Bank Name _____
Bank Routing Number _____ (9 digits)
Bank Account Number _____
Account Type _____ Checking _____ Savings

AUTHORIZATION

I authorize the Madison Metropolitan Sewerage District to deposit funds into the above-named bank account. I acknowledge that it is my responsibility to verify that funds were deposited into our account and to inform the Madison Metropolitan Sewerage District if there is any change in the above information.

Authorized Signature

Date

Printed Name