## Village of Fontana-On-Geneva Lake

Fontana, WI 53125



## VENDOR PAYMENT AUTHORIZATION FORM

We hereby authorize Village of Fontana-On-Geneva Lake hereinafter called COMPANY, to initiate credit entries for payments to our account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account, and if necessary, debit entries and adjustments for any credit entries in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name		Branch
City/State		Zip
Routing Number	Checking Account No	umber
Dollar Amount	Frequency of Credit	
notification from us (or		ntil COMPANY has received written on in such time and manner as to afford ortunity to act on it.
		_ Name of Company
By:		_ Authorized Signature
		_ Authorized Signer Printed Name & Title
		_ Date
		Email Address
Note: A copy of this o	completed authorization m	ust be given to the authorized signer.
Please return complet	ted form to: LBaumann@'	Vi.Fontana.WI.Gov
Village of Fontana Tr PO Box 200	reasurer	