



Chesterton Utility Billing Office
1490 Broadway, Suite #2
Chesterton, IN 46304
Phone: (219) 926-1572
Fax: (219) 929-1428

AUTHORIZATION for DIRECT PAYMENT via ACH

I (we), hereby, authorize the Town of Chesterton to electronically debit my (our) checking account (and, if necessary, electronically credit the same account to correct erroneous debits) at the financial institution indicated below for payments owed to the Town of Chesterton Utility, including any NSF charges incurred. Amounts will vary which will be indicated on the utility bill received bi-monthly.

Bank Name: _____ City/State: _____

Transit/Routing Number: _____

Bank Account Number: _____

(All information will remain confidential and only be used to the extent necessary to provide this service)

This authorization is to remain in full force and effect until the Town of Chesterton receives written notification from me, requesting termination of Direct Payment via ACH, at least 30 days prior to the next scheduled ACH transaction.

Name(s) on Utility Account: _____

Utility Acct. No.: _____

Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank authorization may take approximately one(1) full billing cycle prior to activation.

Please provide a copy of a voided/cancelled check to verify correct numbers for electronic transactions.

Please mail OR drop off the completed form and cancelled check to the Utility Billing Office. You may also email the completed form & cancelled check to: ndaniels@chestertonin.org and tkeil@chestertonin.org

For assistance with the form please call: 219-926-1572