

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **CITY OF PEWAUKEE WATER & SEWER DEPT.**

I (we) hereby authorize **City of Pewaukee Water & Sewer Dept.**, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s) _____ Utility Bill Acct# _____

Phone #: _____

Street Address: _____

City _____ State _____ Zip _____

DEPOSITORY INFORMATION (Please send/staple a cancelled check below)

Name(s) on Bank Acct: _____

Bank Name: _____

Bank Routing Number _____

Bank Account Number _____
checking / savings (circle one)

This authorization is to remain in full force and effect until **City of Pewaukee Water & Sewer Dept.** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **City of Pewaukee Water & Sewer Dept.** and DEPOSITORY a reasonable opportunity to act on it.

Date _____ Signature _____

For Office Use Only:

Date Received: _____ ACH Payment Scheduled: _____

Received by: _____