

## **Department of Public Works Water & Sewer Utility**

W240N3065 Pewaukee Road Pewaukee, WI 53072

Phone: (262) 691-0804 • Fax: (262) 691-5729

Email: publicworks@pewaukee.wi.us

## **AUTHORIZATION FOR ACH PAYMENT**

	Utility Account #:	
The City of Pewaukee Water & Sewer Utility offers thicustomers. Funds are withdrawn on the 10 <sup>th</sup> of the m 10 <sup>th</sup> of the manth falls on a weekend, the funds are wany questions, please contact our accounting office at	onth following the bill dat ithdrawn on the following	e (the due date). If the
Name on Account (Please print)	Phone Number (Required)	
Service Address (Please print)	Email Address or Alternate Phone Number	
Name of Financial Institution	Branch (If applicable)	
City	State	Zip Code
Checking Savings Routing Number (Please attach a voided check in the space provided below)	Bank Account Number	
I hereby authorize the City of Pewaukee Water & Sewabove to initiate transactions to my checking/savings I notify the accounting office, in writing, to cancel or uprior to my account being changed to afford the finan on it. Not doing so may result in a \$29.00 Non-Sufficiedue.	account. This authority wing attempt and account. This authority wing a country with a country w	ill remain in effect until ation at least 10 days le opportunity to act
Signature	Date	

## \*\*\*PLEASE ATTACH VOIDED CHECK HERE\*\*\*

(Do not attach a deposit slip, as the routing numbers vary)