

CITY OF WAMEGO

Direct Debit Utility Payment Authorization

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

UTILITY ACCOUNT NO: _____

BANKING INSTITUTION: _____

Routing Number

Account Number

Checking or Savings

Please circle one

Customer Signature:

Date:

Printed Name:

CITY OF WAMEGO

Direct Debit Utility Payment Authorization

Please keep for your records:

Bank information will not transfer to a new utility account without the appropriate paperwork completed (this will include a voided check or documentation from your bank to confirm the account number)

All changes must be processed prior to the 10th of the month to be effective for the current month.

If the utility draft is submitted and the funds are not available, your utility account will be subject for disconnection and all applicable fees.

Your bank account will be debited on the 16th of each month. If the 16th falls on a weekend or a banking holiday, the debit will occur the preceding business day.