

WAUSAU WATER WORKS

ELECTRONIC PAYMENT FORM

Please debit my account to pay my quarterly water and sewer bill. I understand that I will continue to receive quarterly bills in the mail that provide me with the charge and usage. I also understand that my account will be charged on the due date of the bill.

I hereby authorize the City of Wausau to initiate entries and to initiate, if necessary, entries and adjustments for any entries in error to my (our) account indicated below and the depository names below, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the City of Wausau has received written notification from me of its termination in such time and in such manner as to afford the City of Wausau and the depository named below a reasonable opportunity to act on it.

Name: _____

Mailing Address: _____

Service Address: _____

Telephone #: _____

Date: _____

Signature: _____

Bank Name: _____

Bank Location: _____

Account Type: _____

Transit / ABA Number: _____

Account Number: _____

Please complete and return this form to:

City of Wausau Customer Service Office
407 Grant Street
Wausau WI 54403