

**DIRECT WITHDRAWAL PAYMENT  
OF REAL ESTATE TAXES  
AUTHORIZATION FORM**

I (we) hereby authorize the City of Wausau (39-6005648) 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 named 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 (or either of us) 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 \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Tax Parcel # 291- \_\_\_\_\_

Debit my account to pay my real estate tax bill from my bank checking or savings account as indicated below:

- Full Payment Plan (December 31)
- Three Installment Payment Plan (Jan 31, April 30, July 31)
- Full Payment Plan (January 31)

Bank Name: \_\_\_\_\_  
Bank Location: \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Account Type:            Checking Account            Savings Account  
Account # \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**\*Important Note:** Please attach a voided check from your account. Then mail along with the form to the City Clerk, 407 Grant Street, Wausau WI 54403

For Office Use:
Date Rec'd _____
Set up by: _____