

AUTOMATIC PAYMENT REQUEST

Section 1. Applicant Information

Service Address: _____

Utility Billing Account Number: _____ - _____ Phone: _____

Owner Renter Closing Date (if applicable): _____

Name(s) on Utility Account: _____

Email Address: _____

Section 2. Bank Information

Name(s) on Bank Account: _____

Name of Financial Institution: _____

Account Type (please check one): Checking Saving

Financial Institution Routing Number: _____

Bank Account Number: _____

Section 3. Automatic Payment Plan Authorization Form

Please enroll me in the City of Shorewood's Automatic Payment Plan program. I authorize the City of Shorewood to collect payment of my utility bill by initiating debit entries to the bank account shown above. I understand that this authorization will continue to be in force until discontinued by my written request.

Signature: _____ Date: _____

By signing this form, you authorize the automatic payment services as outlined above.

To ensure accuracy, please attach a voided check or savings deposit.