



CITY OF SHOREWOOD

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AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Customer Account Information

Utility Billing Account Number

Customer Name

Service Address

Telephone Number

Customer Bank Information

Financial Institution Name

Routing (9 digit ABA Number)

Customer Bank Account Number

Account Type: Checking Savings *(Please check one)*

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.

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

Signature

Date