ANTIGO WATER & SEWER

Antigo City Hall: 700 Edison St.

715-623-3633 x-105/106

REQUEST FOR AUTOMATIC BANK PAYMENTS

I authorize the City of Antigo Water and Sewer Utility and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Antigo Water and Sewer Utility in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I will also notify them if I wish to change banks, at which time I will complete another authorization form.

I understand that if a final bill is requested on the account listed below, the amount of the final bill *will* be automatically deducted from my bank account.

EFFECTIVE DATE _____

SERVICE ADDRESS _____

ACH CUSTOMER INFORMATION:

NAME _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

PHONE NO. _____

I am the ***owner / renter*** of the above service address. (Please circle one)

SIGNATURE _____ **DATE** _____

BANK INFORMATION:

NAME OF BANK _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

CHECKING ☐ SAVINGS ☐

*******PLEASE SUBMIT VOIDED CHECK WITH AUTHORIZATION FORM*******

FOR OFFICE USE ONLY:

Date Received _____ Other _____

Prenote _____ _____