

AUTHORIZATION FORM
FOR
AUTOMATIC WITHDRAWAL
OF
CITY OF FORT ATKINSON'S
WATER/SEWER/GARBAGE BILL

DATE: _____

CUSTOMER INFORMATION:

Name: _____

Address: _____

BANKING INFORMATION:

Name of Bank: _____

Bank Routing Number: _____

Checking or Savings Account Number: _____

* Please include a voided check with this form so bank numbers can be verified.

I hereby authorize and direct the City of Fort Atkinson to automatically withdraw from the above named checking/savings account my water/sewer/garbage bill. Said bill will be paid monthly on the 15th day of each month. The bill will be paid on the following Monday when the 15th day of the month falls on a Saturday or Sunday.

Customer Signature