

CITY OF WAUSEON – PREAUTHORIZED BANK PLAN

For the direct payment (ACH) of water bills.

Federal ID 34-6401558

I or (We) hereby authorize the City of Wauseon to initiate debit charges to my checking/savings account indicated below at the bank named below, hereinafter called Bank and to debit (charge) the same to such account.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in force until the City of Wauseon and the Bank have received written notice from me (or either of us) of its cancellation in such time and in such manner as to afford the City of Wauseon and the Bank a reasonable length of time to act upon such notice. A customer has the right to stop payment of a debit (charge) by notice to the Bank prior to charging the account.

The City further reserves the right to terminate the customer’s participation in this plan for good cause.

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

CUSTOMER PHONE: _____

WATER ACCOUNT NUMBER: _____

CUSTOMER SIGNATURE: _____

*******NOTE – THIS AUTHORIZATION IS NOT EFFECTIVE UNTIL PROPER BANK VERIFICATION (VOIDED CHECK OR A COPY OF YOUR ACCOUNT CARD) IS RECEIVED IN ADDITION TO THIS COMPLETED FORM.**