This completed form and copy of voided check must be mailed or emailed to the Utility to activate ACH withdrawals.

\*Your ACH will not be active until your water bill states "Automatic Payment Plan - Do Not Pay"



PO BOX 1648 Waukesha, WI 53187-1648

SERVING WAUKESHA SINCE 1886

Telephone: (262) 521-5272 • Fax: (262) 521-5265 • E-mail: <u>contactus@waukesha-water.com</u>

**ACH** 

		AC	11	
		•	y from your bank account. Sign up below to ha	ve your
Please select one:	New Account		Change Existing Account Information	
	<u>Debit</u>	<u>Authori</u>	zation Form	
Waukesha Water/Sewer B	ill from my (our) c nowledge that the o	hecking/	(WWU) to withdraw payment for my (our) savings account at my (our) financial institute of ACH transactions to my (our) account mus	ution, as
WWU Account Number		WV	VU Customer Number	
Name(s) shown on WWU Bill_				
Service Address				
Billing Address (if different)				
Home Telephone		Wo	rk Telephone	
Financial Institution (Bank) Nat	me			
Bank Address				
Bank Routing (ABA) Number_			Account Number	
Type of Account: Chec	king Savings			
that your bank allows deduction	ons from saving accou	ints. For	O check to this form. If you selected <u>Savings</u> , pleasavings accounts, you may also want to obtain a fABA) number and the account number to attac	orm from
<u>PAYMENTS I</u>	<u> WILL BE DEDUCTED</u>	ON THE	15 <sup>TH</sup> OF THE MONTH YOUR BILL IS DUE	
least 5 days to review my bill p Waukesha Water Utility to initi and authorize that Financial In Waukesha Water Utility has re	prior to the deduction be ate entries to my acconstitution to debit my a deceived written revoca	eing mad ount at the account fo ation by n	pending on usage and rates. I understand that I will be from my account. Based on the above, I hereby be Financial Institution named on the enclosed voided those entries. This authorization will remain in each or my representative at least 30 days in advant to cancel this agreement and charge a fee if there	authorize ed check, iffect until ace of the
(Print Name)	Sig	nature	(Date)	
(Print Name)	Sig	nature	(Date)	