

Email: clerk@cityofcolby.org

City of Colby Utilities: Automatic Payment Authorization

	Customer Information	more continued and a second
Utility Account #:	•	
Customer Name:		
Property Address:		
Phone Number:		
Email (optional):		
	Sign me up to receive my monthly utility bills electronically reply@ebillwi.com" if you have questions regarding the bill please contact City Hall)	
	Bank Account Information	
Type of Bank Acco	ount:: Checking Savings	
Name of Bank and	d Routing Number:	
Account number:		
<u>(Plea</u>	ase attach a voided check with this authorization)	
	automatically withdraw my monthly water/sewer/garbage bill from the stand that I will continue to receive a utility bill from the City at least 15 day rawn from my account.	
This authorization shall remain in f its termination.	full force and effect until the City of Colby has received notification from m	ıe/us of
Authorized Signature:	Name (printed):	
Date:		