## City of Wisconsin Dells

Application for Automatic Withdrawal For payment of City of Wisconsin Dells Water & Light Utility Account

## Please complete this form and attach a voided check or savings deposit slip.

RETURN TO: Wisconsin Dells Water & Light Utility 300 La Crosse St Wisconsin Dells, WI 53965 nburch@dellscitygov.com

Customers electing automatic payment through their designated bank account will continue to receive their monthly utility bill on (or about) the first of every month. The payment for the amount due on the statement will be withdrawn from the designated account listed below on the 20th of each month or the next business day.

Yes, I would like to sign up for automatic payment. Please withdraw the full amount due each month from the following account:

☐ Checking Account	OR	☐ Savings Account
Bank Name:		
Name on Account:		
Business or Personal Bank Ad	ccount:	
Routing Number. (9 digits bottom	n left):	
Account Number:		
authorize the City of Wisconsin Dells and the withdrawal for the payment of my utility services month according to utility services used. I understhe utility shall assess a \$30 charge and late fees shall remain in full force until I provide the Cermination at least five days in advance of the new	s. I understand the tand if payment s will apply if p City of Wiscons	nat such charges may vary in amount each is not honored by my financial institution payment is not timely. This authorization
Customer Address:		
Utility Account Number(s):		
Customer Name (Please print):		
Customer's Signature:		Date:

OFFICE USE ONLY

DATE COMPLETED: \_\_\_\_\_