

CITY OF AUGUSTA
145 W. Lincoln St.
Augusta, WI 54722
712-286-2555

**Direct Payment Authorization
For Water/Sewer Utilities and Garbage Service**

I authorize the City of Augusta and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Savings

for monthly utility billing. This authority will remain in effect until I have cancelled it in writing. The City of Augusta will charge a \$25.00 fee for non-sufficient funds.

Start Date _____

Customer Name _____

Phone # _____

Utility Address _____

Utility Account # _____

Financial Institution _____

Branch Address _____

City _____ State _____ Zip _____

TRANSIT ROUTING NUMBER

|: _____ :|

ACCOUNT NUMBER

Monthly payments will be withdrawn
from your account on the 16th of
each month.

Customer Signature _____

Date _____

City Official _____

Title _____