We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service. **The Direct Payment Plan will help you in several ways:** • It saves time – fewer checks to write • Helps meet your commitment in a convenient and timely manner – even if you are on vacation or out of town • No lost or misplaced statements. Your payment is always on time. • It saves postage • It's easy to sign up for and easy to cancel • No late charges	**Here's how the Direct Payment Plan works:** You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day and the proof will appear with your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHORIZATION FOR DIRECT PAYMENT

I AUTHORIZE the CITY OF WAUTOMA and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

_____

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

_____

(CITY) (STATE) (ZIP CODE)

_____

(SIGNATURE) (DATE)

_____

(NAME – PLEASE PRINT)

_____

(ADDRESS – PLEASE PRINT)

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____

(between these symbols ⑆: ⑆: on the bottom left of your check)

RETAIN FOR YOUR RECORDS

On _____ I authorized the City of Wautoma, 210 E. Main Street, Wautoma, WI 54982 to
(Date)
initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the City of Wautoma at any time in writing to the address above.