



City of MONDOVI

156 S. Franklin St., Mondovi, WI 54755

Tel. 715-926-3866

Direct Payment Form City of Mondovi Utilities

Bank Information (Name & Address)

Checking Account

Savings Account

Routing # _____ Account # _____

Personal Account

or

Business Account

Please pay and charge to my account all drafts by City of Mondovi to its own order, in payment of water & sewer billings, beginning _____

This authorization will remain in effect until cancelled by me in writing, and until you actually receive such notice; I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Full payment for water/sewer/refuse quarterly bill will be deducted from this bank account on the 20th of the months of January, April, July, and October unless otherwise noted.

Initials I understand full payment will be deducted as indicated above

OR

Please apply the following payment schedule to my account:

Initials I would like \$ _____ applied to my account on the 20th of every month (12)

Date: _____

Utility Account Information

Acct # _____

Name: _____

Street Address: _____

Signature _____

(Must be signed by name on utility account)

Please Attach Voided Check for Verification

Staff use only

Verified by: _____

Date submitted: ___/___/___ In person ___ email ___ mail ___