

CITY OF WAUSEON – PREAUTHORIZED BANK PLAN

For the direct payment (ACH) of water bills.

Federal ID 34-6401558

I/We hereby authorize the City of Wauseon to initiate debit charges to my/our checking/savings account indicated below at the bank named below, hereinafter called Bank and to debit (charge) the same to such account.

Bank Name: _____

Checking Savings

Routing Number: _____

Account Number: _____

This authorization is to remain in force until the City of Wauseon and the Bank have received written notice from me (or either of us) of its cancellation in such time and in such manner as to afford the City of Wauseon and the Bank a reasonable length of time to act upon such notice. A customer has the right to stop payment of a debit (charge) by notice to the Bank prior to charging the account.

The City further reserves the right to terminate the customer's participation in this plan for good cause.

Service Address(es): _____

Customer Name(s): _____

Phone #: _____

Water/Sewer Account #: _____

Signature: _____

Date: _____

* THIS AUTHORIZATION IS **NOT** EFFECTIVE UNTIL PROPER BANK VERIFICATION (VOIDED CHECK OR A COPY OF YOUR ACCOUNT CARD) IS RECEIVED IN ADDITION TO THIS COMPLETED FORM.*