



## CITY OF MOSINEE

### Automatic Payment Authorization

I (we) hereby authorize <b>CITY OF MOSINEE – WATER AND SEWER UTILITY</b> to deduct funds from my (our) checking or savings account indicated below at the <b>FINANCIAL INSTITUTION</b> named below.		
Financial Institution Name:		
Financial Institution Address:		
Payment Type (Check One)	Checking Account	Savings Account
Bank Routing No:	Bank Acct No:	
This authorization is to remain in full force and effect until <b>CITY OF MOSINEE – WATER AND SEWER UTILITY</b> and <b>FINANCIAL INSTITUTION</b> has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY OF MOSINEE – WATER AND SEWER UTILITY and <b>FINANCIAL INSTITUTION</b> a reasonable opportunity to act on it.		
Print Name:	Print Name:	
Signature:	Signature:	
Property Address:	Date:	
Water/Sewer Account #:	City Staff Area Only – Leave Blank	
Daytime Telephone: (        )	<b>PLEASE RETURN A VOIDED CHECK WITH YOUR FORM</b>	

**FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE DUE DATE OF THE BILLING FOR THE AMOUNT DUE.**