

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Monthly payments will be withdrawn from your account on the 16th of each month.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