



Auto-Pay Enrollment Authorization - Water/Sewer Bill

A void check/deposit slip is required with this form

Please check if: you are a new applicant **OR** there is a change in your banking information

(If you have multiple accounts that you want to enrolled in Auto-Pay, please list them on lines a, b and c below.)

Name of financial institution: _____

Routing Number: _____

Account Number: _____

Circle one: Checking Account Savings account

Name: _____

Billing Account number (if known): _____

Service Address (es): a) _____

b) _____ c) _____

Phone number: _____

I authorize the City of Tomah Water and Sewer Utility to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly water on or around the 20th of each month. I understand the monthly amount may vary based upon actual water consumption. I understand the City of Tomah and my financial institution reserve the right to terminate the Auto-Pay program and/or my participation in it. If I choose to terminate this authorization, I will immediately notify the utility.

Signature

Date

Interested in receiving your bill by email? Sign up now!

Email address: _____