

Account Number: _____
(As shown in the upper right-hand
corner of invoice, next to invoice number)

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Racine Water & Wastewater Utilities to instruct my financial institution to deduct my payments from my checking or savings account. If, at any time, I decide to change banks or discontinue this payment service, I will notify Racine Water & Wastewater Utilities. Also, I must promptly notify the Racine Water & Wastewater Utilities if I move or sell my property. I have enclosed a voided check from my checking account or the correct routing numbers from my savings account. I understand that payment will be deducted from my bank account on the due date that is printed on the bill.

Name _____

Service Address _____ City _____ State ____ Zip _____

Mailing Address for bills (if different from service address) _____

City _____ State ____ Zip _____

Daytime Phone Number (____) _____

BANK INFORMATION: VOIDED CHECK MUST BE ENCLOSED

If you do not have checks or are using a savings account, a document from your financial institution stating your Routing # and Account # is acceptable for enrollment in the Direct Payment Program.

Routing Number _____ Account Number _____

Deduction from Checking or Savings: Checking / Savings
(circle one)

Signature _____ Date: ____ / ____ / ____

Return to : Racine Water & Wastewater Utilities – Direct Payment Program
800 Center St., Rm #227
Racine, WI 53403