



CITY OF PORT WASHINGTON

**CITY OF PORT WASHINGTON
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorized the City of Port Washington to initiate debit entries to my (our) account specified below at the depository financial institution named below (hereinafter called DEPOSITORY) and to debit the same to such account. This authorization is to remain in full force and effect until the City of Port Washington has received notification from me (us) of its termination in such time and in such manner as to afford the City of Port Washington and the Depository a reasonable opportunity to act on it.

If you choose to change your payment method to our online bill pay system, Payment Service Network, please sign up at www.cityofportwashington.com. **PLEASE NOTE: Signing up to pay online DOES NOT cancel this ACH Debit agreement. You MUST contact our office at 262-284-5585 to cancel this agreement, to prevent additional payments from being debited from your account.**

CUSTOMER INFORMATION

NAME _____	PHONE _____
ADDRESS _____	WATER ACCOUNT _____
SIGNATURE _____	DATE _____

BANKING INFORMATION

DEPOSITORY NAME _____	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING# _____	ACCOUNT # _____
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	OFFICE USE ONLY DATE SET UP _____ DONE BY _____

Please return completed form to City Hall for processing