



City of Pewaukee
WATER AND SEWER UTILITY
 W240 N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262) 691-0770 Fax (262) 691-1798

AUTHORIZATION FOR ACH PAYMENT

Account # _____

 Account Name (Please Print)

 Service Address (Please Print)

The City of Pewaukee Utility offers this payment option as a convenience to its customers. Funds are withdrawn on the due date, the 10th of the month following the bill date. If the 10th falls on a weekend, the funds will be withdrawn the following Monday. If you have questions please feel free to contact our office.

 Name of Financial Institution

 Branch (If Applicable)

 City

 State

 Zip Code

 Routing Number

 Account #

Checking

Savings

(Please supply a voided check in the space provided below)

I authorize City of Pewaukee Utilities and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify them in writing to cancel if in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and the utility 10 days before my account is charged.

 Signature

 Date

*****PLEASE ATTACH VOIDED CHECK HERE*****
 (Do not attach a deposit slip as the routing numbers vary)

 Director of Public Works Jeffrey L. Weigel, P.E.