



Utility Billing – Bank Draft Application

Last Name First MI

Address of Property Requested for Automatic Billing City State

Mailing Address (if different from above) City State

Phone Number

I (we) hereby authorize The Fort Atkinson Water Utility to initiate debit entries to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY (Financial Institution name) City State

Financial Institution Phone Number

Financial Institution Routing Number

Customer Account Number

Is this account a checking or savings account? Check one.

This authorization is to remain in full force and effect until the Fort Atkinson Water Utility has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Fort Atkinson Water Utility and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____

****Attach a voided check to your application if draft is from checking**

****Attach a deposit slip if draft is from savings**

Mail application to:
Fort Atkinson Water Utility
101 N. Main Street
Fort Atkinson, WI 53538

Office use only: _____ - _____
Utility Account Number Service Address Verified