



*"Where the Trails Meet"*

1717 Omaha Street  
Elroy, WI 53929  
(608) 462-2400  
(608) 462-2404 fax  
[www.elroywi.com](http://www.elroywi.com)

## Application for Automatic Withdrawal For payment of City of Elroy Utility Accounts

Please complete this form and attach a voided check or a savings deposit slip. Return to:

City of Elroy  
1717 Omaha Street  
Elroy, WI 53929

Customers electing automatic payment through their designated bank account will continue to receive their monthly utility bill on (or about) the first of every month. The payment for the amount due on the statement will be withdrawn from the designated account listed below on the 20<sup>th</sup> of each business day or the next business day.

Yes, I would like to sign up for automatic payment. Please withdraw the full amount due each month from the following account:

Checking Account  Savings Account

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Business or Personal Bank Account: \_\_\_\_\_

Routing No. (9 digits bottom left): \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the City of Elroy and the financial institution listed above to initiate an electronic withdrawal for the payment of my utility services. I understand that if there are insufficient funds in the account to meet the required utility payment, the payment will not be made. I understand that the City of Elroy may terminate this payment authorization at any time, with or without cause. I understand that such charges may vary in amount each month according to utility services used. I understand that if I choose to withdraw from automatic withdrawals I must provide the City of Elroy written notice prior to termination.

Customer's Signature: \_\_\_\_\_

Customer Name (Please print): \_\_\_\_\_

Customer Address: \_\_\_\_\_

Utility Account Number(s): \_\_\_\_\_