



CITY OF MOSINEE

Automatic Payment Authorization

I (we) hereby authorize CITY OF MOSINEE – WATER AND SEWER UTILITY to deduct funds from my (our) checking or savings account indicated below at the FINANCIAL INSTITUTION named below.	
Financial Institution Name:	
Financial Institution Address:	
Payment Type (Circle One)	Checking Account Savings Account
This authorization is to remain in full force and effect until CITY OF MOSINEE – WATER AND SEWER UTILITY and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY OF MOSINEE – WATER AND SEWER UTILITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.	
Print Name:	Print Name:
Signature:	Signature:
Property Address:	Date:
Water/Sewer Account #:	City Staff Area Only – Leave Blank
Daytime Telephone: ()	PLEASE RETURN A VOIDED CHECK WITH YOUR FORM

FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE DUE DATE OF THE BILLING FOR THE AMOUNT DUE.