Account Number: ___ ___ ___ ___ ___ ___ ___ ___
(As shown in the upper right-hand corner of invoice, next to invoice number)

AUTHORIZATION FOR DIRECT PAYMENT

I, the undersigned, authorize the City of Racine, on behalf of the Racine Water & Wastewater Utilities, to instruct my financial institution to deduct my Racine Water & Wastewater Utility payments due directly from my checking or savings account, as I have specified below. If, at any time, I decide to change banks or discontinue this direct payment service, I will promptly notify the City of Racine and the Racine Water & Wastewater Utilities no later than four business days prior to the due date for my next Utility bill. Also, I will promptly notify the City of Racine and the Racine Water & Wastewater Utilities no later than four business days prior to the due date for my next Utility bill if I move or sell my property. I have enclosed a voided check from my checking account or the correct routing and account number(s) from my savings account. By signing, I understand that payments will be deducted from my bank account on the due date that is printed on my Racine Water & Wastewater Utility bills, and that the City of Racine and the Racine Water & Wastewater Utilities are not responsible for payments being deducted from my account if I do not notify them to discontinue this direct payment service at least four business days prior to the due date for my next Utility bill.

Name (Printed) _____

Service Address _____ City _____State _____ Zip _____

Mailing Address for bills (**if different from service address**) _____

City _____State _____ Zip _____

Daytime Phone Number (____) _____

Mobile Phone Number (____) _____

Email address _____

BANK INFORMATION: VOIDED CHECK MUST BE ENCLOSED

If you do not have checks or are using a savings account, a document from your financial institution stating your Full Name, Routing # and Account # is acceptable for enrollment in the Direct Payment Program.

Routing Number _____ Account Number _____

Deduction from Checking or Savings: Checking / Savings
(circle one)

Signature _____ Date: _____/ _____/ _____

Return to: City of Racine and Racine Water & Wastewater Utilities – Direct Payment Program
Finance Department Room 103
730 Washington Ave
Racine, WI 53403