

# Authorization for Direct Bill Payment

Please complete and return this form to 104 Maple St W, Ste A, Amery, WI 54001 or [lisa.gunderson@amerywi.gov](mailto:lisa.gunderson@amerywi.gov). Please print clearly.

I authorize the **City of Amery** to instruct my financial institution to make my utility payments to them from the account listed below. I understand that I control my payment, and if at any time I decide to discontinue this payment service, I will notify the City of Amery.

## Customer Information

Customer Name (as shown on the bill): \_\_\_\_\_

Utility Bill Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

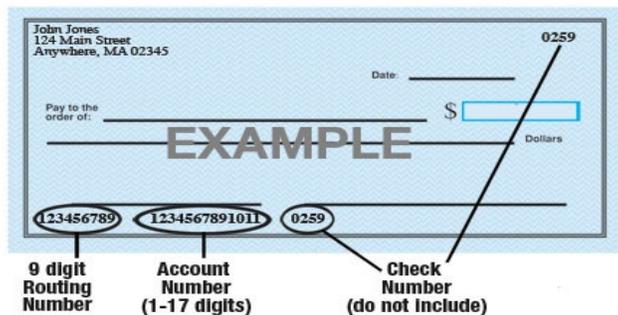
## Financial Institution Information

Financial Institution Name: \_\_\_\_\_

Type of Account:  Checking (Please enclose a voided check)  Savings (Please enclose a withdrawal slip)

Financial Institution Routing Number: \_\_\_\_\_

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



Please double check the routing and account numbers so that we can record the correct financial institution information.

Payments will be deducted on the following dates: **May 10<sup>th</sup>, August 10<sup>th</sup>, November 10<sup>th</sup>, and February 10<sup>th</sup>.**

**Automatic Bill Payment is Easy, Convenient and FREE!**