

START DATE _____

CITY OF ELKHORN

Drop off at our office or mail to:
City of Elkhorn, 9 S. Broad Street, Elkhorn, WI 53121
(262) 723-2910 or (262) 723-2219

Authorization for Direct Payment

I (we) hereby authorize the City of Elkhorn and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City and financial institution in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(City)

(State)

(Zip Code)

Account No: Checking: # _____ or Savings # _____

Financial Institution Routing Number: _____

(Between these symbols |: |:| on the bottom left of your check)

Signature: _____ Date: _____

Utility Bill Information

Name: _____ Account No: _____

(Please Print)

Address: _____ State: _____ Zip Code: _____

Phone: _____

STAPLE VOIDED CHECK HERE