
CITY OF ELKHORN

Drop off at our office or mail to:
City of Elkhorn, 311 Seymour Ct, PO BOX 920, Elkhorn, WI 53121
(262) 723-2910

Authorization for Auto Pay

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 and the City a reasonable opportunity to act on it.

BANK INFORMATION:

Name of Financial Institution

Routing Number

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

Checking Account #

Savings Account #

UTILITY BILL INFORMATION:

Name

Utility Account #

Address

Phone

The undersigned hereby states you understand to cancel any other recurring payments with other third party companies.

Signature

Date

TAPE VOIDED CHECK HERE