

Automatic Payment Plan Pre Authorization Agreement

Name

Service Address

Telephone #

Customer ID #

Name of Financial Institution

City

State

Bank Routing #

Bank Account #

Identify: Checking or Savings (Circle One)

I authorize the City of Janesville to receive automatic payment for my utility bill. It is agreed the Financial Institution named above will debit my account.

This authorization is to remain in effect until the City of Janesville has received written notification from account owner(s) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the laws of the United States.

Signature

Date