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

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Racine Water & Wastewater Utilities to instruct my financial institution to deduct my payments from my checking or savings account. If, at any time, I decide to change banks or discontinue this payment service, I will notify Racine Water & Wastewater Utilities. Also, I must promptly notify the Racine Water & Wastewater Utilities if I move or sell my property. I have enclosed a voided check from my checking account or the correct routing numbers from my savings account. I understand that payment will be deducted from my bank account on the due date that is printed on the bill.

Name				
Service Address	City	State	Zip	
Mailing Address for bills (if different from service address)				
	City	State	Zip	
Daytime Phone Number ()				
BANK INFORMATION: VOIDED CHECK MUST BE	ENCLOSED			
If you do not have checks or are using a savings account, a documed enrollment in the Direct Payment Program.	nt from your financial institution statir	ng your Routing	# and Account # is acceptable for	
Routing Number	Account Number _			
Deduction from Checking or Savings: C	hecking / Savings (circle one)			
Signature	/	/		

Return to: Racine Water & Wastewater Utilities – Direct Payment Program

800 Center St., Rm #227 Racine, WI 53403