

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS/CREDITS)**

Individual Name _____

Customer Account Number _____

Address _____

City _____

Email: _____ Phone Number _____

I (we) hereby authorize New Berlin Water and Sewer Utility, hereinafter called UTILITY, to initiate debit/credit entries to my (our) **Account** at the depository financial institution named below, here after called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name and Branch _____

City, State, Zip Code _____

Routing Number _____

Account Number _____

Indicate form of payment CHECKING _____ (attach voided check)

SAVINGS _____ (attach deposit slip)

This authorization is to remain in full force and effect until the UTILITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the UTILITY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Date _____

Signature(s) _____

Send a voided check with this form to:
City of New Berlin Utility Payment Plan
Utility Department
3805 South Casper Drive
New Berlin, WI 53151

Return form by:
December 15th for January bill
March 15th for April bill
June 15th for July bill
September 15th for October bill