

City of Wapakoneta Utility Department

AUTOMATIC BANK DRAFT ENROLLMENT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

By signing the authorization below, you will authorize your financial institution to deduct the amount of your monthly bill from your account and remit it directly to The City of Wapakoneta. I understand that I can discontinue this Automatic Bank Draft at any time by calling the City of Wapakoneta. To complete enrollment, you must send all required documentation with this form.
The amount to be deducted will occur on the 10th of each month.

CITY: WAPAKONETA
CITY ID: 34-6401532

I (we) hereby authorize the **City of Wapakoneta**, hereinafter called ENTITY, to initiate debit entries to my (our) checking account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit such account.

DEPOSITORY (BANK) NAME: _____

TRANSIT/ABA NO. _____
(ROUTING NO.)

CHECKING ACCOUNT NO. _____

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

NAME(S) _____ SSN _____

NAME(S) _____ SSN _____
(Please print)

SIGNED X _____ DATE _____

SIGNED X _____ DATE _____

Service address _____

Phone _____

Utility Account Number: _____

You must include a copy of a cancelled or voided check. Thank you.

The information provided above is **confidential** and strictly for internal use by The City of Wapakoneta.

Questions? Please call 419-738-3011 and ask for the Utilities Department.