

CITY OF WOOD RIVER
P.O. BOX 8
WOOD RIVER, NE 68883

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CITY OF WOOD RIVER
Direct Payment Automatic Bill Payment
AUTHORIZATION FORM

City of Wood River Utilities Account #: _____

Name(s) on Account: _____

Service Address: _____
I (we) authorize the City of Wood River (CWR) to initiate variable entries to my (our) account described Below:

Checking Account #: _____ OR

Savings Account #: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

PLEASE ATTACH a voided check or savings deposit slip (affix to this form) AND copy the financial Institution's routing number here: _____
(NOTE: Routing number is found between these symbols: ⑆ _____ ⑆ on bottom of check or savings deposit bank slip.)

This authority is to remain in full force and effect until the CWR has received written notification by me (or either of us, for a joint account) of its termination in such time and in such manner as to afford the CWR a reasonable opportunity to act on it.

Signature(s): _____

Full Name(s): _____

Mailing Address: _____

Telephone(s): _____ (home) _____ (work)

_____ (mobile)

Date: _____

NOTE: In the event the payee's financial institution for any reason denies an electronic payment, a non-refundable service charge of \$35.00 will be assessed per occurrence plus any fees charged by the bank.

FOR OFFICE USE ONLY: Set up in billing software on _____ by _____