

Start Date \_\_\_\_\_

## CITY OF ELKHORN

Drop off at our office or mail to:

City of Elkhorn, 9 S. Broad Street, PO BOX 920, Elkhorn, WI 53121  
(262) 723-2910

### Authorization for Auto Pay

I (We) hereby authorize the City of Elkhorn and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City and financial institution in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

Account No: Checking: # \_\_\_\_\_ or Savings: # \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_  
(Between these symbols |: |: on the bottom left of your check)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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#### UTILITY BILL INFORMATION

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**STAPLE VOIDED CHECK HERE**