



RETURN FORM TO:
Village of Whitefish Bay
Attn: Xenia Ramos
5300 N Marlborough Drive
Whitefish Bay WI, 53217
414-962-6690 x 118

Email to: x.ramos@wfbvillage.org

VILLAGE OF WHITEFISH BAY

Automatic Utility Payment Authorization

I (we) hereby authorize the VILLAGE OF WHITEFISH BAY to deduct funds on the payment due date from my (our) checking or savings account indicated below at the financial institution named below.	
Financial Institution Name:	
Payment Type(Check One): Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>	
Transit Routing Number:	Account Number:
This authorization is to remain in full force and effect until the VILLAGE OF WHITEFISH BAY and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the VILLAGE OF WHITEFISH BAY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.	
Print Name:	Print Name (joint acct):
Signature:	Signature (joint acct):
Property Address:	Date:
Utility Account #:	Daytime Telephone:
Email Address:	Would you like a paperless bill? YES <input type="checkbox"/>

PLEASE RETURN A VOIDED CHECK WITH THIS FORM.

FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE DUE DATE OF YOUR NEXT BILLING FOR THE AMOUNT DUE.