



Automatic Payment Authorization

Village of Suamico

12781 Velp Ave.

Suamico, WI 54313

Phone 920-434-2212 Fax 920-434-4820

Suamico Utility account # _____ (please use separate form for each account).	
I (we) hereby authorize SUAMICO SEWER & WATER UTILITY to deduct funds from my (our) checking or savings account indicated below at the FINANCIAL INSTITUTION named below.	
Financial Institution Name***	
Financial Institution Address	
Payment Type (Circle One)	<input type="radio"/> Checking Account <input type="radio"/> Savings Account
Payment Frequency (Choose One) \$ _____ (Indicate monthly amount)	<input type="checkbox"/> Quarterly – Account balance will be withdrawn on invoice due date. <input type="checkbox"/> Monthly – Amount indicated will be withdrawn in each of the two months prior to invoice due date. The account balance will be withdrawn on invoice due date.
This authorization is to remain in full force and effect until SUAMICO SEWER & WATER UTILITY 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 SUAMICO SEWER & WATER UTILITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.	
Print Name	Print Name
Signature	Signature
Address	Date
Daytime Telephone	*** Please return VOIDED check with this authorization.

Please attach **VOIDED** check here.