

**CITY OF WATERTOWN
PO BOX 279
309 LEWIS AVENUE
WATERTOWN, MN 55388**

952-955-2681

DIRECT PAYMENT APPLICATION

I authorize the CITY OF WATERTOWN to initiate electronic debit entries to my _____ checking account or _____ savings account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name: _____ **Phone:** _____

Service Address: _____ **Account :** _____

Signature: _____ **Date:** _____

Financial Institution (Please print) _____
Financial Institution Routing Number _____
Financial Institute Account Number _____
Financial Institute City and State _____

PLEASE ATTACH A VOIDED CHECK