# SHEBOYGAN WATER UTILITY

## AUTOMATIC PAYMENT ACCOUNT CHANGE FORM

**NAME:** __________________________________________

**SERVICE ADDRESS:** __________________________________________

**UTILITY ACCOUNT NUMBER:**____________________________

I am requesting the Sheboygan Water Utility make the following change(s) to my Automatic Payment Account Authorization:

- _____ Cancel Authorization  
  **Effective Date:** ____________________

- ____ Changes to Financial Institution Information  
  **Effective Date:** ____________________

  **Name of Financial Institution:** _______________________________

  **Type of Account (Circle One)**
  - Checking
  - Savings

**Note:** **Documentation Required:**
- Checking Account – voided check
- Savings Account – documentation from your financial institution providing routing number and account number

**□ Yes! I want to go Paperless.**

*Sign me up for E-Notifications. I will no longer receive a paper bill in the mail.*

**Email Address:** __________________________________________

**Signature** __________________________________________ **Date** ____________________

**PLEASE SIGN, DATE AND MAIL THIS COMPLETED CHANGE FORM AND REQUIRED DOCUMENTATION TO:**

- Electronic Accounts Payment
- 72 Park Avenue
- Sheboygan, WI 53081