## SHEBOYGAN WATER UTILITY

## AUTOMATIC PAYMENT ACCOUNT CHANGE FORM

| NAME:   |  |
|---|--|
| SERVICE ADDRESS:  |  |
|   |  |
| UTILITY ACCOUNT NUMBER  | : <u> </u>   |
| I am requesting the Sheboygan Wat<br>Payment Account Authorization: | ter Utility make the following change (s) to my Automatic  |
| Cancel Autho  | orization Effective Date:  |
| <<<<<<<<<   | <<<<<<>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>  |
| Changes to Financial Institution                                    | on Information Effective Date:   |
| Name of Financial Instituti   | ion:   |
| Type of Account (Circle O   | One) Checking Savings  |
|   | ided check<br>imentation from your financial institution providing<br>ng number and account number |
| <<<<<<<<  | :<<<<<<>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>  |
| Yes! I want to go Paperles Sign me up for E-Notification            | ss.<br>ons. I will no longer receive a paper bill in the mail.                                     |
| Email Address:  |  |
| Signatura   | Date   |

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

Electronic Accounts Payment 72 Park Avenue Sheboygan, WI 53081