

CITY OF WENATCHEE

301 Yakima Street, 3rd Floor, Wenatchee WA 98801 PO Box 519, Wenatchee WA 98807-0519 (509) 888-6200

Automatic Utility Payment withdrawal Program Authorization Form Please attach a voided check – will not be able to process without it!

| Utility account number: | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Customer Name (as it appears on your bill):(PLEASE PRINT) | | | - |
| Address:(PLEASE PRINT) | | | - |
| City/State/Zip: | | | |
| Authorize the City of Wenatchee to initiate entries to my checking/saving. and, if necessary, initiate adjustments for any transactions credited in errowant account the amount of my monthly or bi-monthly utility bill in the full bill. This authority is not limited to a specific dollar amount and the amount billing amount changes. This authority will remain in effect until the City of accounts the time as to afford the City of Wenatchee and the financial in the country of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the country will remain in effect until the City of the City of the country will remain in effect until the City of the country will remain in effect until the City of the City of the country will remain in effect until the City of the Ci | or. The City has the of all amount of the bill of ont withdrawn from r of Wenatchee is noti | authority to withdraw on or around the due on my account may chang ified by me (us) in wri | from my date of the ge as each ting to |
| Financial Institution: | | | - |
| Financial Institution Address:(Branch, City, State, Zip) | | | - |
| Checking or Savings Account Number: | _ Checking | Savings □ | |
| Financial Institution Routing Number: | | | |
| Customer Signature: | Date: | | |