

## CITY OF SHOREWOOD

 $\textbf{5755} \textbf{ COUNTRY} \textbf{ CLUB ROAD} \quad \textbf{\bullet} \quad \textbf{SHOREWOOD}, \textbf{MINNESOTA} \textbf{ 5533} \textbf{ 1-8927}$ 

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## **AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM**

## **Customer Account Information**

Utility Billing Account Number		
Customer Name		
Service Address		
Sel vice Address		
Telephone Number		
tomer Bank Information		
Financial Institution Name		
Routing (9 digit ABA Number)		

Account Type: Checking Savings (Please check one)

Please enroll me in the City of Shorewood's Automatic Payment Plan program. I authorize the City of Shorewood to collect payment of my utility bill by initiating debit entries to the bank account shown above. I understand that this authorization will continue to be in force until discontinued by my written request.

To ensure accuracy, please attach a voided check or savings deposit slip

Signature Date