



**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:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Financial Institution (Please Print) \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Financial Institute Account Number \_\_\_\_\_

Financial Institute City and State \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**