



# City of Wabash

Wastewater Utility

Billing Department

CITY HALL  
202 S. Wabash Street  
Wabash, IN 46992  
(260) 563-4171  
Fax: (260) 563-0876  
sewagebilling@cityofwabash.com

## Auto-Pay Authorization Form

Have your monthly Wastewater payment deducted automatically from your checking or savings account.

### The Auto-Pay Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you are on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage; easy sign up, easy to cancel and no late fees!

### How the Auto-Pay Plan works:

You will authorize regularly scheduled payments from your checking or savings account. Your payment will be withdrawn, automatically, **on or about the 8th day of each month** from your account. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us, in writing, to terminate the authorization. To take advantage of this service, please complete the authorization below and return it to our office, City of Wabash Wastewater Billing Office, PO Box 245, Wabash, IN 46992 or FAX it to 260-563-0876.

All you need to do is:

1. Check  the box next to the type of account (checking or savings) you want your payment deducted from.
2. Fill in your name, financial institution name, location, and date.
3. Attach a voided check for verification of financial institution information.

\_\_\_\_Checking account [or] \_\_\_\_Savings account

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.

Date \_\_\_\_\_ Wastewater Account # \_\_\_\_\_

Name [Please Print] \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

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

Financial Institution City, State and Zip Code \_\_\_\_\_

Signature \_\_\_\_\_