



JANESVILLE

Wisconsin's Park Place

Utility Billing – Bank Draft Application

Last Name First MI

Address of Property Requested for Automatic Billing City State

Mailing Address (if different from above) City State

Phone Number

I (we) hereby authorize The City of Janesville to initiate debit entries to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY (Bank name) City State

Bank Routing Number

Customer Bank Account Number

Is this account a checking or savings account? Check one.

This authorization is to remain in full force and effect until the City of Janesville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Janesville and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____

****Attach a voided check to your application if draft is from checking**

****Attach a deposit slip if draft is from savings**

Mail application to:
Janesville Utilities
PO Box 5005
Janesville, WI 53547-5005

Office use only: _____ - _____
Utility Account Number

_____ - _____
Cycle-Route Number